

<b>Case Number:</b>	CM15-0030962		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Oregon, California  
 Certification(s)/Specialty: Neurological Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male who reported an injury on 09/06/2013. The mechanism of injury involved a fall. The current diagnoses include lumbar disc herniation, lumbar disc displacement, and lumbar radiculopathy. The injured worker presented on 02/03/2015, for an evaluation with complaints of persistent low back pain, with radiation into the right lower extremity. Upon examination, there was normal range of motion of the lumbar spine, 5/5 bilateral lower extremity strength, intact sensation in the bilateral lower extremities, and positive straight leg raise in the supine position on the right. There was an absent gastroc nemius reflex on the right as well. Recommendations at that time included an L4-S1 decompression laminectomy. The injured worker was also issued a refill of Norco 10/325 mg, Voltaren 75 mg, and Flexeril 10 mg. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Two day Inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**L5-S1 Decompression, Laminectomy, Microdiscectomy with Decompression Bilateral L5-S1 Nerve Roots:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state a lumbar discectomy/laminectomy is recommended when the physical examination is positive for lumbar radiculopathy. Straight leg raising test, cross straight leg raising, and reflex exams should correlate with symptoms and imaging. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, epidural steroid injection, physical therapy, or manual therapy. In this case, there was no evidence of a motor or sensory deficit to support the diagnosis of an L5-S1 radiculopathy. Therefore, the current request cannot be determined as medically necessary and appropriate at this time.