

<b>Case Number:</b>	CM15-0036505		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California

Certification(s)/Specialty: Pediatrics, 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 55-year-old male who reported injury on 05/07/2012. The mechanism of injury was the injured worker was lifting a heavy base weight of approximately 100 pounds. The injured worker underwent an MRI of the lumbar spine on 12/19/2014, which revealed at the level of L4-5, there was a disc desiccation and broad based disc bulge slightly more prominent on the left of midline. There was left greater than right foraminal narrowing and bilateral facet hypertrophy. There was a 4 mm disc bulge. Documentation of 12/23/2014 revealed the injured worker had 6 months of conservative care including acupuncture, chiropractic treatment, physical therapy, and an epidural steroid injection. The documentation indicated the injured worker presents with severe back pain that radiated into the right leg that had been associated with weakness and numbness sensation in the leg. Coughing, sneezing, and straining increased back pain radiating into the right leg. There were noted to be no prior surgeries. The injured worker was utilizing ibuprofen 800 mg 1 tablet 3 times a day. The injured worker was noted to be a nonsmoker. The injured worker had strength of 3/5 on the right dorsiflexors including the 2nd, 3rd, 4th, and 5th toes. The documentation indicated the injured worker could not overcome gravity with the right big toe. The injured worker had a foot drop. There was localized swelling to the right lateral calf. There was a decreased sensation to pinprick, light touch, and 2-point discrimination in the dorsal aspect of the right foot. The ankle jerk was 1 on the right, and on the left was 2. The injured worker limped with the right leg. The injured worker had severe muscle spasm in the lumbosacral musculature. The injured worker had a positive Tinel's in the region of the right peroneal nerve just below the head of the fibula and there was severe muscle spasm in

the lumbosacral musculature. Extension and lateral rotation of the lumbar spine caused severe back pain that radiated into the right leg to the knee level. The documentation indicated the injured worker had EMG and nerve conduction study on 08/17/2012, which demonstrated a right L5 denervation. The diagnosis included lumbar radiculopathy secondary to disc herniation at the right L4-5 level and compression of the right peroneal nerve secondary to limping. The recommendation was for another EMG/nerve conduction study due to the right lower extremity and the progressive neurologic deterioration of the strength of the right leg. The physician indicated he would be able to provide recommendations for treatment once these studies and flexion and extension views of the lumbar spine were performed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L4-L5 microdiscectomy with decompression of the right peroneal nerve:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, AMA Guides.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had clear findings upon examination. There was documentation of a failure of conservative care of 6 months. There was an MRI to support that the injured worker had objective findings included foot drop and sensory changes. As this had not been performed, the request for right L4-5 microdiscectomy with decompression of the right peroneal nerve is medically necessary.