

<b>Case Number:</b>	CM15-0060574		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic 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 39-year-old male, who sustained an industrial injury on 8/11/2014. He reported injury to his low back when lifting a garbage can. The injured worker was diagnosed as having lumbar strain, herniated nucleus pulposus at L5-S1, and right S1 radiculopathy. Treatment to date has included x-rays, magnetic resonance imaging of the lumbar spine on 10/16/2014, physical therapy, epidural steroid injection, and medications. Currently, the injured worker complains of worsening back and right leg pain. Physical exam noted decreased range of motion in all planes, decreased sensation along the right S1 dermatome, absent gastroc soleus reflex, and positive straight leg raise test. The treatment plan included Gabapentin and lumbar disc surgery, with one-day inpatient stay. The surgical request was non-certified by utilization review as the MRI scan showed the herniation at L5-S1 on the left side which did not corroborate the clinical findings of a herniation on the right side. No explanation for the discrepancy was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Disk Surgery/Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-204, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ([http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm)).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306.

**Decision rationale:** The California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or 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 failure of conservative treatment to resolve disabling radicular symptoms. Although the injured worker does have radicular symptoms in the right lower extremity with objective evidence of radiculopathy, there is no clear imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair on the same side as the symptoms. In this case, the official MRI report shows a herniation on the left side and the symptoms are on the right side. There is no explanation from the provider as to whether this represents an error. The provider submits his own reading of the MRI in his progress note of 12/10/2014 with the nerve root displacement being on the right side. Currently the official imaging study report does not corroborate the clinical findings. A clarification will therefore be necessary or a repeat MRI study may be needed to meet the guideline requirements. Therefore, the request as submitted is not medically necessary.

**Inpatient Stay (1-day):** 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.