

<b>Case Number:</b>	CM15-0093103		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, Indiana, Oregon  
 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 49-year-old male who sustained an industrial injury on July 30, 2014. He has reported injury to the lower back and right leg and has been diagnosed with L4-5 and L5-S1 right lateral recess disc herniations with annular tear and right leg radiculitis. Treatment has included rest, activity modification, medications, and injections. Physical examination noted a slightly slow and guarded gait. Straight leg raise was positive to the right and negative to the left. There was pain, numbness, and tingling localized to the L5 and S1 dermatomes. MRI showed persisting right lateral recess L4-5 and L5-S1 disc herniation with annular tear with effacement and displacement of the transversing nerve roots. The treatment request included surgery and a front wheel walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4, L5 Hemilaminotomy and L4-5 and L5-S1 Microdiscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

**Decision rationale:** CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this case, the MRI from 2/14/15 shows no clear surgical lesion at L4/5. The physical examination from 3/26/15 shows evidence of only L5/S1 physical findings. Based on this the multilevel decompression is not medically necessary.

**Associated Surgical Service: Front Wheel Walker (1-month rental):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

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