

<b>Case Number:</b>	CM15-0098863		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/18/1999
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 59-year-old who sustained an industrial injury on 1/18/99, relative to a fall. Past medical history was positive for diabetes and current some day smoker. Conservative treatment had included 3 epidural steroid injections, opioid medications, anti-inflammatory medications, physical therapy, home exercise, and activity modification. The 4/10/15 lumbar spine MRI impression documented a broad-based left paracentral disc protrusion at L4/5 moderately narrowing the left lateral recess and abutting the left L5 nerve root. There was a stable broad-based right paracentral foraminal protrusion at L5/S1 contacting the right S1 nerve root. The 4/20/15 treating physician report cited a chief complaint was left lower extremity weakness and pain. She continued to complain of weakness of her feet, left greater than right, with pain in the left sciatic distribution and back. She also reported left leg numbness and cramping. She had three epidural steroid injections without significant relief. Physical exam documented limp on the left leg, loss of normal lordosis, positive straight leg raise on the left, grade 4/5 left extensor hallucis longus strength, and decreased sensation in the left L5 and S1 dermatomal distribution. The diagnosis was L4/5 disc protrusion and left sciatica. Authorization was requested for L4/5 laminectomy as the left nerve root was effected at this level and the symptoms were left-sided. The 5/7/15 utilization review non-certified the request for lumbar laminectomy at L4/5 as the injured worker did not have decreased reflexes or sensory findings correlated with the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laminectomy at L4-L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 288, 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Discectomy/Laminectomy.

**MAXIMUS 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 Lumbar & Thoracic, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short-term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have been met. This injured worker presents with persistent and function-limiting low back and left leg pain, numbness and weakness. Clinical exam findings are consistent with imaging evidence of neural compression on the left at L4/5. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.