

<b>Case Number:</b>	CM14-0140044		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 27 year old female who sustained an industrial injury on 4/7/2014. She was moving boxes when she lifted a box and felt pain in her lower back. The prior peer review on 8/4/2014 non-certified the request for left L4-5 microdiscectomy, medical clearance, pre-op labs, and post-op PT. The patient's neurological examination is normal; this does not help localize the site of pathology. The lumbar MRI shows diffuse changes with mild L405 and L5-S1 bilateral foraminal narrowing and moderate L4-5 and mild to moderate L5-S1 canal stenosis but no clear evidence of neural compromise. The medical necessity of the request was not established. Diagnostic studies include a lumbar MRI dated 7/3/2014, which provides the impression: 1. L3-4: There is a 3 to 4 mm broad-based central disc protrusion with an annular fissure. 2. L4-5: There is a minimal diffuse disc bulge with a superimposed 7 mm broad-based left paracentral to subarticular zone disc protrusion. There is mild bilateral neural foraminal narrowing. There is moderate spinal canal stenosis measuring 7 mm in AP dimension. 3. L5-S1: There is a 2-4 mm broad-based posterior disc protrusion. There is mild bilateral neural foraminal narrowing. There is mild to moderate spinal canal stenosis measuring less than 9 mm in AP dimension. According to the 6/23/2014 physical therapy progress report, the patient has no pain to the lumbar spine, pain is off/on in the leg rated 0-6/10, with no complaint of numbness, but pain increases with sitting too long. Examination reveals normal lumbar spine ROM, SLR to 80 degrees, slight + tibial nerve tension with pain in the hamstrings only with dv. Assessment is improving, has increased leg pain with l/s flexion. The patient recently was re-evaluated by her PTP on 7/25/2014. According to the PR-2, she has severe low back pain with left sciatica to the foot. Pain varies from 6/10 to 10/10. Treatment includes Norflex, Naprosyn, Tramadol and 4 sessions of PT without benefit. Physical examination documents she stands but constantly shifts her weight, left antalgic gait, lumbosacral and mild sciatic notch area tenderness, no spasm, pain

with limited lumbar flexion/extension, normal sensation to touch, 5/5 motor strength, and positive left SLR at 45 for left sciatica. She is placed on modified duty. Assessment is low back pain with severe left sciatica, left L4-5 disc herniation. Recommendation is for left L4-5 microdiscectomy.

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

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

#### **Left L4-5 Microdiscectomy under general anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Discectomy/ laminectomy

**Decision rationale:** According to the CA MTUS, Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. According to the CA MTUS and ODG, surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings are required based on neurological examination and testing. The patient is a 27 year old female who recently sustained a work related injury to the lumbar spine from lifting. She has apparently trialed medication and a few physical therapy sessions. The MRI findings are acknowledged however, the patient has a normal neurological evaluation. In the absence of any neurological deficits, she is not a surgical candidate. In addition, the medical records fail to establish the patient has failed a full course of conservative care, such as would include work/activity modifications, full course of physical therapy and possible ESI of the involved lumbar disc level. The proposed surgical intervention is not clinically indicated and thus is not medically necessary.

#### **Medical Clearance: 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.

#### **Pre-Op Labwork to include CBC and BMP: 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.

**Post-Op Physical Therapy three times a week for four weeks:** 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.