

<b>Case Number:</b>	CM14-0149481		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 70-year-old female who reported an injury on 11/08/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck and leg. The injured worker's treatment history included back school, physical therapy, and multiple medications. The injured worker underwent a CT scan of the lumbar spine on 07/01/2014. It was documented that the injured worker had advanced degenerative changes at the L5-S1 and evidence of a recurrent disc bulging at the L5-S1. It was noted that the central canal was not well evaluated and an MRI or CT myelogram was recommended. The injured worker was evaluated on 08/28/2014. It was noted that the injured worker had undergone a lumbar MRI demonstrating a herniated disc. However, this was not provided for review. Objective findings included tenderness to palpation of the cervical spine and lumbar spine, restricted range of motion of the cervical spine, 4/5 motor strength of the bilateral upper extremities and bilateral lower extremities with decreased sensation in the bilateral C6 dermatomal distribution. The injured worker had a positive left sided straight leg raise test that caused pain. A request was made for a left L5-S1 laminotomy and microdiscectomy. No request for authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 laminotomy and microdiscectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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): 306.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends decompression surgery for patients who have significant examination findings of radiculopathy consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has participated in acupuncture, oral steroids, physical therapy, and back school. However, the injured worker's most recent clinical evaluation does not provide any significant findings consistent with radicular indications. There is no documentation of a straight leg raise test causing radicular pain, any motor strength deficits, or sensation deficits. Furthermore, the CT scan submitted for review did not clearly identify pathology that would require surgical intervention. Although it is noted that the injured worker underwent an MRI of the lumbar spine that did identify a disc bulge at the L5-S1, this was not provided for review. As such, the requested left L5-S1 laminotomy and microdiscectomy is not medically necessary or appropriate.