

<b>Case Number:</b>	CM13-0012313		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, has a subspecialty in spinal 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 physician 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.

### 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 patient is a 41-year-old who reported an injury on 06/03/2011. Notes indicate that the patient has complaints of left-sided low back pain going down the left leg to the sole of the foot consistent with an S1 distribution, and that the patient's conservative therapy has consisted of physical therapy and medications with no improvement in the preceding 2 years since the date of injury. Notes indicate that the patient was previously recommended to undergo a lumbar microdiscectomy and decompression at the left L5-S1 level; however, surgery was previously non-certified. The current request for consideration is for a spine surgeon second opinion consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**spine surgeon second opinion consultation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Low Back Complaints chapter of the ACOEM Practice Guidelines, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution

consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been Final Determination Letter for IMR Case Number [REDACTED] [REDACTED] shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The documentation submitted for review indicates that the patient has failure of conservative treatment to provide significant symptom relief or improvement in the patient's condition. Furthermore, notes indicate on physical exam that the patient has some left anterior thigh numbness with an L5 or an S1 radicular component to the pain on the left side, which was corroborated by imaging studies. The request for a spine surgeon second opinion consultation is medically necessary and appropriate.