

<b>Case Number:</b>	CM13-0021391		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Internal Medicine 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. 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 forty seven year old service representative for [REDACTED]. The patient has been with the company since August 5, 2012. A work related injury to the lower back occurred on 6/26/2013. Patient states while at work that afternoon she was picking up some 25 plate weights and as she was doing so she felt a sharp pain in her lower back, she continued to work and went to sit down, when she attempted to get up, the pain in back was much worse and has persisted according to medical records date 6/26/2013 from [REDACTED]. The following diagnosis were made: Lumbar Disc Disease, Disc Dessication, Decreased Disc height and Modic Enplate Changes at L4-L5; lumbar intervetebral disc herniation at L4-L5; Spinal central and bilateral foraminal stenosis secondary to facet and ligamentum flavum hypertrophy and Disc herniation at L4-L5; lumbar radiculopathy. She was prescribed multiple medications for pain, polar frost spray topical analgesics, moist heat, cold packs, and lumbar support for pain. A medical record from [REDACTED] dated August 8, 2013 confirmed the diagnosis listed above. The Magnetic Resonance Imaging (MRI) performed at [REDACTED] report of August 1, consisting of the following findings: There is straightening of the lumbar lordosis, disc dessication, decreased disc height spondylosis and Medica endplate changes at L4-L5. At L4-L5, there is a caudally dissiating disc extrusion that abuts the thecal sac combined with facet and ligamentum flavum hypertrophy. There is spinal canal narrowing, as well as bilateral neural foraminal narrowing and posterior annualr tear/fissure. Disc measurements: Neural is 5.7 mm; Flexion is 6.4mm; Extension is 5.7 mm. L5-S1: bilateral facet arthropathy noted. There is straighteing of the lumbar lordosis which is due to myospasm. [REDACTED] indicated that based on the MRI result, patient is a good candidate for surgical intervention which will include discectomy and i

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro-surgical consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Assessing Red Flags and Indications for Immediate Referral, Pg. 171..

**Decision rationale:** According to the Occupational Medicine Practice Guidelines page 171 Section Assessing Red Flags and Indications for Immediate Referral, Physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. This case involves a patient with a work related back injury, a Magnetic Resonance Imaging (MRI) scan of the lumbar spine, and documented evidence of disc herniation which is now symptomatic according to medical records reviewed. Based on the MRI report and patient symptoms, the treating physician requested for a Neurosurgical Consultation which this reviewer believes is medically necessary. The UR reviewer denied the request for a Neurological Consultation because of lack of documentation, which was not the case during this review. Therefore the request for neurosurgical consultation is medically necessary.