

<b>Case Number:</b>	CM13-0025318		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/16/2007
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 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 40-year-old female who reported injury on 09/16/2007. The mechanism of injury was not provided. The patient was noted to have low back and bilateral hip pain. The patient stated that they were not able to schedule a hip consultation. The patient was noted to ambulate to the examination room without assistance. The patient's diagnosis was noted to be intervertebral disc disorder with displacement of the thoracic or lumbar intervertebral disc without myelopathy. The submitted request indicated the request was made for a third orthopedic spinal surgery opinion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third orthopedic spinal surgery opinion:** 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).

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

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate a surgical consultation is necessary for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging

studies, radiculopathy, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, or an extreme progression of lower leg symptoms and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair as well as failure of conservative treatment to resolve disabling radicular symptoms. The accompanying note was not provided. The patient was noted to have a second opinion surgical consultation with [REDACTED] [REDACTED] who did not recommend further surgery as the patient had poor results from the lumbar fusion. It was further stated per the documentation of 11/07/2013 that the physician did recommend a spinal cord stimulator, facet joint injections or SI joint injections. The request was made for a third surgical consultation as the patient was not satisfied with the second opinion [REDACTED] [REDACTED] because he was in the same office as [REDACTED]. The clinical documentation submitted for review failed to indicate the patient had severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, activity limitations, clear clinical, imaging, and electrophysiologic evidence of a lesion that had been shown to benefit in both the short and long-term from surgical repair and there was a lack of documentation indicating failure of conservative treatment to resolve disabling radicular symptoms. While it was noted the patient wanted a third opinion, there was a lack of exceptional factors to warrant a third surgical opinion. Given the above, the request for a third orthopedic spinal surgery opinion is not medically necessary.