

<b>Case Number:</b>	CM13-0031891		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 42 year old male who was injured on 06/02/2012 while carrying big parts sustaining an injury to lower back. Prior treatment history has included physical therapy, low back brace, home low back exercise program and acupuncture. Medications include Tramadol and Naproxen. Diagnostic studies reviewed include an MRI of the lumbar spine w/o contrast revealing possible annular tear at the left posterior margin of the L4-L5 disc. Otherwise negative MRI. EMG/NCV of bilateral lower extremities dated 06/19/2013 reveal a normal study. Progress note dated 09/11/2013 documented the patient to have complaints of pain in his low back radiating to all ten toes with numbness and tingling in both legs. The patient had weakness in his left leg more so than his right leg. He did not have any loss of bowel or bladder control. The patient reported that he had pain with sexual intercourse. The patient reported that he did not have any problems with sexual erection. He reported that he had difficulty sleeping and had been told that he snored loudly and heavily. Objective findings on exam reveal examination of the lumbar spine that the patient's gait was normal. He was unable to walk on his heels. There was midline tenderness in the area of the lumbosacral spine. Sciatic nerve root irritation tests bilaterally were positive at 30 degrees in the supine position. Knee jerk reflexes were absent. The patient was intact to pinprick in the right lower extremity. The patient had decreased sensation to pinprick in the left lower extremity. Right and left quadriceps muscles, extensor hallucis longus muscles and foot plantar muscles were all Grade 5. The range of motion was: on flexion the patient missed touching the floor by 20 inches, extension 10 degrees, right lateral bending 15 degrees, left lateral bending 15 degrees, right rotation 15 degrees and left rotation 15 degrees. Diagnoses: 1. Low back pain with MRI scan evidence (09/15/2012) of a small annular tear at L4-5. 2. Sleep disorder. 3. Treatment Plan: Because of the patient's sleep problems, the patient will have an evaluation by [REDACTED], neurologist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO NEUROLOGIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

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

**Decision rationale:** According to the MTUS ACOEM 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 (radiculopathy), preferably with accompanying objective signs of neural compromise- Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms- 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- Failure of conservative treatment to resolve disabling radicular symptoms. The progress note dated 09/11/2013 does not reveal clinical findings consistent with disabling lower extremity symptoms in a distribution consistent with radiculopathy indicating nerve root compromise. The medical records reveal that the employee's MRI of the lumbar spine w/o contrast reveals a possible annular tear at the left posterior margin of the L4-L5 disc, and otherwise negative MRI. EMG/NCV of bilateral lower extremities dated 06/19/2013 reveals a normal study. The employee does not have imaging and electrophysiological evidence of a surgical lesion. The employee is not a surgical candidate. Consequently, referral to a neurologist is not recommended as certified.