

Case Number:	CM13-0035298		
Date Assigned:	12/13/2013	Date of Injury:	09/20/2006
Decision Date:	02/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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. 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 claimant is a 50 year old male with low back with left greater than right leg pain. He is status post industrial injury 9/20/06. An examination on 6/24/13 demonstrates no long lasting improvement in epidurals with low back and intermittent leg pain. There is also a normal neurologic examination. An MRI lumbar spine demonstrates severe degenerative disc disease at the L5/S1. There is also a lumbar discogram dated 8/23/13 with a report of concordance at L2/3 level and L5/S1 level. There is a recommendation for a second opinion on 9/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

second opinion spinal surgical consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

Decision rationale: According to the CA MTUS/ACOEM guidelines Low Back Chapter, page 305 regarding surgical consultation, "A 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, and failure of conservative treatment to resolve disabling radicular symptoms." The patient has seen two spinal specialists regarding surgical consultation. There is no medical necessity for a third opinion therefore determination is non certification.