

<b>Case Number:</b>	CM14-0002396		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 62 year old male who reported an injury on 06/30/2013 with a mechanism not addressed in documentation. The injured worker had a history of low back pain as well as bilateral buttock pain. On examination on 04/14/2014, the injured worker continued to have low back pain that radiated down both legs, left worse than right, to his feet with associated numbness and tingling. The injured worker was on a modified work schedule with restrictions including no lifting more than 10 pounds and no prolonged sitting or standing more than 50 minutes per hour. Tramadol and Gabapentin did not relieve his symptoms. The medications were switched to Norco 10/325 mg and Soma 350 mg. The injured worker was wearing a lumbar-sacral orthosis (LSO) brace. There was tenderness to palpation in the lumbosacral region of L5-S1. Range of motion was examined and demonstrated flexion to 40/60 degrees, extension to 10/25 degrees, left lateral bending to 25/25 degrees, and right lateral bending to 25/25 degrees. Straight leg raise was positive for low back pain bilaterally 60 degrees from a supine position. The injured worker had positive left leg pain as well. Decreased sensation to pinprick in the right L5 dermatome was noted. The injured worker had diagnoses of herniated lumbar disc and spinal stenosis. The prior treatment included a lumbar facet block injection at L4-5 and 8 sessions of physical therapy without improvement. An MRI of the lumbar spine performed 10/24/2013 noted central canal and neural foraminal stenosis at L3-4, L4-5, and L5-S1. The injured worker's physician recommended trying lumbar epidural steroid injections, a trial of Cymbalta for pain and depression, and modified work load. The current medications included Norco 10/325 mg and Soma 350 mg. The treatment request was for a referral to a neurosurgical spine specialist. The request for authorization and rationale for the request were not provided within the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **REFERRAL TO A NEUROSURGICAL SPINE SPECIALIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for referral to a neurosurgical spine specialist is not medically necessary. The injured worker has a past history of low back pain. The California MTUS guidelines state that 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 injured worker completed 8 physical therapy sessions; however, there is a lack of documentation as to the results of therapy. There is a lack of documentation indicating the injured worker had significant functional deficits. There is a lack of documentation regarding severe, disabling, or progressive lower leg symptoms. The injured worker's physician recommended trying lumbar epidural steroid injections, a trial of Cymbalta for pain and depression, and modified work load. There was no rationale for a referral to a neurosurgical spine specialist as a medical necessity. As such, the request for referral to a neurosurgical spine specialist is not medically necessary.