

<b>Case Number:</b>	CM14-0106197		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/11/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 68-year-old female who reported an injury on 02/11/2002 secondary to falling off of a ladder. Her diagnoses include lumbar strain with left lumbar radiculopathy, and cervical strain with intermittent radicular symptoms. Previous treatments for this injury were noted to include medications, a TENS unit, chiropractic therapy, home exercise, and physical therapy. An MRI of the lumbar spine performed on 07/22/2011 was noted to reveal L5-S1 grade I anterolisthesis without evidence of stenosis or neural foraminal narrowing. Lumbar flexion and extension x-rays performed on 08/12/2011 were noted to reveal grade I to II anterolisthesis of L5 over S1 with minimal subluxation at this level. An MRI of the lumbar spine performed on 04/29/2014 was noted to reveal mild bilateral neural foraminal stenosis at the L4-5 level secondary to moderate hypertrophy of the facet joints as well as grade I anterolisthesis of L5 on S1 with bony bridging across the L5-S1 facet joints. An MRI of the cervical spine performed on 04/29/2014 was noted to reveal mild to moderate canal stenosis and bilateral neural foraminal narrowing at C3-4, C4-5, and C6-7 with posterior disc osteophyte complexes at C3-4 and C4-5 and a disc protrusion at C6-7. The MRI of the cervical spine was also noted to reveal moderate canal stenosis and severe bilateral neural foraminal stenosis at C5-6 with a posterior disc osteophyte complex as well as moderate osteoarthritis of the left C7-T1 facet joint. The injured worker underwent a lumbar laminotomy and excision of synovial cysts on 11/13/2003. She was evaluated on 05/21/2014 and reported low back pain radiating to the right buttock, lateral thigh, and calf as well as neck pain. She reported worsening of her symptoms and difficulty doing activities of daily living such as dressing, cooking, cleaning, sleeping, and brushing her teeth as well as difficulty standing, walking, and sitting due to pain. It was noted that opioid medication did not allow her to remain functional with activities of daily living. On physical examination, the injured worker was noted to have a positive straight leg raise bilaterally with decreased range

of motion of the lumbar spine. She was also noted to have a negative Spurling's sign with decreased range of motion of the cervical spine. Her medications on this date were noted to include naproxen and Norco. The injured worker was recommended for a neurosurgery consultation for cervical and lumbar spine radiculitis and abnormal MRI studies to see if she would be a surgical candidate. It was noted that the referral was indicated since physical therapy and conservative care had not produced significant improvement. A request for authorization was submitted on 06/05/2014 for a neurosurgery consultation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Neurosurgery Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The request for 1 Neurosurgery Consultation is non-certified. The California MTUS/ACOEM Guidelines may recommend a surgical consideration or consultation for injured workers with severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated by appropriate imaging studies that did not respond to conservative therapy. Although the injured worker reported activity limitations and ongoing radicular pain after receiving medications and physical therapy, there is a lack of documented evidence to indicate that the injured worker has been treated with other appropriate conservative treatment to include injections for her radicular pain complaints. Additionally, the most recent clinical note failed to document significant physical examination findings of specific nerve root or neurological dysfunction to include diminished reflexes, decreased strength, and/or decreased sensation in a specific dermatomal distribution. For the aforementioned reasons, the medical necessity of a neurosurgical consultation has not been established at this time. As such, the request for 1 neurosurgery consultation is non-certified.