

<b>Case Number:</b>	CM14-0122520		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 claimant is a 59-year-old gentleman who sustained an injury to the low back on March 31, 1998. The records available for review include a June 3, 2014, follow-up report documenting increased complaints of low back with bilateral lower extremity pain. The claimant reports that the symptoms progress with weight-bearing. Physical examination showed weakness of the lower extremities diffusely at 3+/5, positive straight leg raising, sensory deficit, an L4-5 dermatomal distribution, and equal and symmetrical reflexes. An assessment dated May 23, 2014, indicated no change in the claimant's symptoms and reported that a previous CT scan showed well-healed fusion from L3 through S1 with no structural defects or acute clinical findings. This request is for an orthopedic spine surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Spinal Surgery Consultation- for Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - CONSULTATIONS CHAPTER-PG 305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, consultation with an orthopedic spine surgeon would not be indicated. ACOEM Guidelines support specialty consultation if the diagnosis is uncertain or of complex etiology, or when the plan of care may benefit from additional expertise. The records in this case do not reflect acute clinical findings or imaging indicative of the need for surgical intervention. The claimant has a well-healed fusion at levels L3 through S1. There is an absent clinical presentation that would fall within ACOEM Guideline criteria, this request for Spinal Surgery Consultation for Lumbar Spine is not medically necessary.