

<b>Case Number:</b>	CM14-0174762		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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:

This is a 54-year-old male with an 8/17/09 date of injury. He was seen on 9/24/14 with complaints of back pain and bilateral radiation down the legs. His pain was a 7/10 with medications and a 9/10 without. Exam findings revealed an antalgic gait, restricted lumbar range of motion with paravertebral tenderness, positive facet loading, positive straight leg raise, decreased left ankle reflex ( ), decreased EHL and ankle dorsi flexors strength on the left (4/5), and decreased sensation over the left lateral calf, medial and lateral thigh. The patient was apparently pending a consult for surgical evaluation. An L spine MRI on 4/18/13 revealed no evidence of disc herniation or foraminal stenosis, with normal spinal alignment. The diagnosis is minimal to mild lumbar spondylosis. Of note the patient was seen on 8/11/14 where it was noted the patient was not a surgical candidate Treatment to date: medications, TF LESI. The UR decision dated 10/07/14 denied the request as there was no evidence of a clear spinal lesion that would require a surgical consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Spinal Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Outpatient visits.

**Decision rationale:** CA MTUS supports spine surgeon referral with severe and disabling lower leg symptoms in the 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. This patient appears to have some neurologic symptoms in the lower extremities on exam, however his imaging revealed mild disc degeneration normal for his age, yet the patient continued to complain of worsening symptoms. He currently has no severe and disabling lower extremity symptoms, or clear evidence of a lesion that would be show to benefit from surgical repair. Therefore, the request for a referral to a spinal surgeon was not medically necessary.