

<b>Case Number:</b>	CM14-0178002		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Georgia and South Carolina. 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 injured worker is a 50 year-old male with a reported date of injury 07/29/2011. The mechanism of injury was repetitive work such as driving, bending, and lifting. His diagnoses included lumbar spine discopathy and lumbar spine radiculitis. His past treatments included medication and physical therapy. The diagnostic studies included an MRI and x-rays of lower back performed prior to February 2012 and the results were not provided. On 09/30/2014 he presented with complaints of low back pain that radiated into his lower extremities with numbness and tingling. The injured worker reported numbness in the groin and scrotal region. He stated in the prior month he tripped and fell on a wet floor and injured his neck, shoulder and exacerbated his low back pain; he was seeing a chiropractor for those injuries. Upon physical examination, flexion and extension of the lumbar spine were limited due to pain and produced sharp shooting pain into the gluteal region and decreased sensation on the left and right L4-S1 dermatomal distribution. The clinical note indicated the injured worker did not appear to be in acute distress, was sitting comfortably but shifting positions frequently. The provider indicated the injured worker was taking medications; however, the medications were not listed. The treatment plan included a recommendation for a consultation with a spine surgeon, an X-ray of the lumbar spine, an MRI of the lumbar spine and nerve conduction tests. The request was for Orthopedic Surgical Spine Specialist Consult with [REDACTED] for the back and the Rationale was for injections and possible surgical considerations. The Request for Authorization form was not included in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Surgical Spine Specialist Consult with [REDACTED] for the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127, Chronic Pain Treatment Guidelines Page(s): 1.

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

**Decision rationale:** The request for Orthopedic Surgical Spine Specialist Consult with [REDACTED] for the back is not medically necessary. The injured worker complained of low back pain with numbness and tingling that radiated into his lower extremities. The California MTUS/ACOEM guidelines recommend that surgical consultation is indicated when patients have severe and disabling lower leg symptoms of radiculopathy consistent with imaging studies, activity limitations due to radiating leg pain for one month or more or extreme progression of lower leg symptoms. There should be clinical, imaging, and electrophysiological 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 radicular symptoms. The clinical documentation did not support evidence of disabling lower leg symptoms, activity limitations due to the pain, or imaging evidence of pathology. There was no documentation of failed conservative care. The documentation indicated x-rays and an MRI of the lumbar spine were performed prior to 02/2012; however, the physician did not include the imaging results. As such, the request for Orthopedic Surgical Spine Specialist Consult with [REDACTED] for the back is not medically necessary.