

<b>Case Number:</b>	CM14-0184074		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Surgeon and is licensed to practice in Texas. 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 53-year-old male who reported an injury due to bending over to pick something up on 03/22/2006. On 08/19/2014, his diagnoses included low back pain, lumbar spine disc displacement, radiculopathy of the lumbar region, and status post lumbar spine surgery with residual pain. His complaints included low back pain rated 4-5/10 with numbness and tingling of both lower extremities. His pain was aggravated by prolonged movement or changing position. His pain was alleviated with his medications and activity restrictions. His lumbar ranges of motion measured in degrees were flexion 30/60, extension 15/25, right and left lateral flexion 15/25, and right and left rotation 20/30. He had a positive bilateral straight leg raising test at 40 degrees. His sensation to pinprick and light touch was decreased over the L4, L5, and S1 dermatomes in both lower extremities. His treatment plan included a urological consultation, shockwave therapy, localized intense neurostimulation therapy, physical therapy, acupuncture, pain management specialist referral, Terocin patches and a number of compounded topical creams. An MRI of the lumbar spine on 06/06/2014 revealed a straightening of the lumbar spine, disc desiccation at T11-12, reduced intervertebral disc height at T11-12, a grade 1 retrolisthesis of L3 over L4, a single level posterior fixation device spanning L5 and S1, an interbody spacer device at L4-5 and L5-S1, an anterior fixator at L4 and S1, postsurgical changes along the posterior subcutaneous paraspinal musculature at the lower lumbar levels, a decompression laminectomy defect at the L4-5 level, diffuse disc protrusions with effacement of the thecal sac at L3-4, disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroached the left and right L3 exiting nerve roots, and surgical fusion at L4-5 with no significant disc herniation, hypertrophy of facet joint on right side which caused right neural foraminal narrowing. The spinal canal was patent. On 09/23/2014, there was a request

for a referral to an orthopedic surgeon for consultation regarding the lumbar spine. There was no rationale or Request for Authorization included in this injured worker's chart.

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

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

#### **Orthopedic Surgeon Consultation (lumbar spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for orthopedic surgeon consultation (lumbar spine) is not medically necessary. Per the California ACOEM Guidelines, under the optimal system, the clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referrals. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. The need for a consultation with an orthopedic surgeon was not clearly demonstrated in the submitted documentation. Therefore, this request for orthopedic surgeon consultation (lumbar spine) is not medically necessary.