

<b>Case Number:</b>	CM14-0047420		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas, Montana, and Tennessee. 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 64-year-old female who reported an injury on 10/28/2013. The mechanism of injury was turbulence. The prior treatments included physical therapy. The documentation of 04/09/2014 revealed the injured worker was complaining of left leg sciatica. The low back pain was worse than the buttocks and leg. The injured worker had complaints of neck and left shoulder and left leg pain. Objective findings revealed lumbar spine spasms and limited flexion. The diagnosis was lumbar spine strain with radiculopathy and the treatment plan included a surgical evaluation. The prior treatments included physical therapy. The injured worker had an MRI of the lumbar spine on 03/07/2014 which revealed there was multilevel discogenic disease with mild clinical worsening since the prior study. The most advanced level was at L5-S1 where there was a 3 mm bulge in combination with facet disease resulting in mild to severe bilateral neural foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical consult:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The ACOEM Guidelines indicate a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short term and long term from surgical repair, as well as a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and had objective findings upon the MRI. However, there was a lack of documentation of electrophysiologic evidence. There was a lack of documentation of a failure of conservative care. The request as submitted failed to indicate the type of surgical consult that was being requested. Given the above, the request for surgical consult is not medically necessary.