

<b>Case Number:</b>	CM14-0077559		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/28/2002
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 44 year old male plumber whose date of injury is 06/28/02. The injured worker reports while trying to get out of a trench, with a stiff body from being bent over, he felt a yank in his lower back. The injured worker complains of low back pain spreading to his upper back and down both legs. MRI dated 01/20/12 reported changes compatible with degenerative disc disease at L4 to L5 and L5 to S1 with mild diffuse disc bulges and moderate degenerative facet hypertrophy; mild stenosis of bilateral neural foramina at L4 to L5 and L5 to S1 related to lateral extension of diffuse disc bulge and degenerative facet hypertrophy; no central canal stenosis is present. Electromyography and nerve conduction velocity (EMG/NCV) were done 03/14/12 revealed evidence suggestive of a lumbar radiculopathy involving the bilateral L5 to S1 nerve roots. The records indicate that the injured worker has undergone extensive chiropractic treatment. Treatment also has included medications, back brace, acupuncture, two epidural steroid injections with temporary relief, physical therapy/home exercise program, H wave stimulation trial, facet injections with minimal pain reduction, individual psychotherapy. The injured worker was seen in orthopedic consultation on 04/29/14 for low back pain radiating down into both lower extremities; no reported weakness in the legs or thighs; no changes in bowel or bladder function. Physical examination reported no tenderness of the sacral and coccygeal areas; very mild loss of lumbar lordosis; paraspinous tenderness with no central tenderness noted; decreased flexion and extension of lumbar spine; positive straight leg raise noted; mild strength deficit in musculature secondary to guarding with distal strength normal; gait pattern within normal limits; sensation intact; reflexes intact and normal bilaterally. Xrays of the lumbar spine with flexion/extension views were obtained and revealed mild degenerative changes in the upper and lower lumbar vertebrae; at L5 to S1 there is much greater narrowing; no osteophytes are present; minimal overall loss of lumbar contour and normal lumbar lordosis;

no significant subluxation or spondylolisthesis. Further physical therapy, lumbar sacral orthosis (LSO) brace, as well as Flexeril and Cymbalta were recommended.

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

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

**Spine specialist consultation and treatment:** 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): 288, 305.

**Decision rationale:** Per American College of Occupational and Environmental Medicine (ACOEM) guidelines, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a 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, failure of conservative treatment to resolve disabling radicular symptoms. Based on the clinical information provided, it appears that the injured worker has responded to conservative care. He continues to work full time, modified duty. There is no indication of progressive neurologic deficit with sensation and reflexes intact. There is mild strength deficit noted secondary to guarding, but with normal distal strength. There is no indication that the injured worker is a surgical candidate. As such, the injured worker does not meet criteria for surgical consultation, and the request for Spine specialist consultation and treatment is not recommended as medically necessary.