

<b>Case Number:</b>	CM14-0079285		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/18/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 4/18/2009 involving her lower back after lifting heavy water cases. The worker was diagnosed with a lumbar sprain and hip/thigh sprain initially, but continued to experience chronic low back pain as well as pain into her left leg and foot. According to the records provided for review, the worker was treated with sacroiliac joint injection, NSAIDs, (physical therapy), and epidural injections, but continued to worsen. She had seen a surgeon who did not recommend surgery, although a second surgeon did recommend it to her, but was not in her insurance network, so she didn't follow through with the surgery. On 4/12/13, EMG (electromyography) and NCS (nerve conduction study) testing was performed revealing normal results on her lower extremities. Later, on 2/24/14, another lumbar MRI was completed due to her worsening symptoms, showing a 3 mm protrusion of the L3-4 intervertebral disc on the left with annular fissuring, very small left facet joint cyst, but without stenosis, and mild degenerative changes of the L5-S1 area, all of which were essentially unchanged from previous MRIs. On 5/12/14, the worker was seen by her orthopedic physician who had been following her. She complained of her lumbar pain with radiation to left leg/foot as well as worsening left hip/thigh pain, worse with activity. It was reported that "no therapy has been tried" (although other notes report that she had physical therapy, although no therapist reports confirm either in the documents provided for review). Motrin use reportedly didn't seem to help her much. Physical examination was significant for tenderness of the left sacroiliac joint and piriformis muscle as well as in the lumbar area (midline), straight leg raise was positive, dysesthesia to pinprick over the left leg, hypesthesia over left leg/foot, and dysesthesia in the left foot. She was advised to follow up with another surgeon for a consultation (third opinion).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Outpatient Neurosurgeon Consultation to Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), p. 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the consultation with the surgeon was requested for the purpose of having surgery. There is not enough documented confirmatory evidence that her hip and low back have been fully treated conservatively (physical therapy and home exercises particularly); therefore, there is more the primary treating physician can do, if this hasn't been exhausted. Therefore, the consultation with a spinal surgeon is not medically necessary.