

<b>Case Number:</b>	CM14-0089042		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 55 year old female with date of injury 3/3/01. The treating physician report dated 3/10/14 indicates that the patient presents with pain affecting the lower back with radiating pain down both legs with associated tingling of the legs. Examination findings reveal lumbar flexion to 50 degrees, extension is 0 degrees, lateral bending is 10 degrees bilaterally, patient can't walk on heels and toes and Straight Leg Raising is negative. Lumbar CT scan dated 6/11/14 shows solid interbody fusion at L5/S1 with moderate spinal canal and left neural foraminal stenosis at L4/5. The current diagnoses are: 1. Lumbar facet syndrome 2. Piriformis Syndrome on the left 3. Post lumbar laminectomy syndrome 4. Lumbar radiculopathy The utilization review report dated 6/4/14 denied the request for orthopedic spine surgeon consultation based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Spine Surgeon Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 127 and on the Official Disability Guidelines Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 Specialty referral page 127.

**Decision rationale:** The patient presents with chronic lumbar pain with radiculopathy post lumbar fusion L5/S1. The current request is for orthopedic spine surgeon consultation. The treating physician on 6/5/14 requested a referral to a spine surgeon based on 4/22/14 x-ray findings that showed slight instability between L1 and L4. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise regarding the post-surgical pain and instability needs specialty referral. Recommendation is for authorization.