

<b>Case Number:</b>	CM14-0194080		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 & 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:

This is a 50 year old male who suffered a work related injury on 06/21/2014. The injured worker has diagnoses of status post posterior Gill Procedure with fusion of L5-S1 secondary to spondylolisthesis at Lumbar 5-Sacral 1, lumbar radiculopathy and failed back syndrome. Conservative care has included medications, therapy, and modified activities/rest. MRI done on 4/23/14 revealed post-surgical changes of posterior spinal fusion, solid lumbar interbody fusion at the L5-S1 level with bilateral laminectomy and partial medial facetectomy defects, mild left neural foraminal stenosis at the L5-S1 level, and 4mm grade 1 anterolisthesis of L5 on S1. Report of 10/27/14 from the provider noted the injured worker complains of persistent chronic low back pain rated 10/10. At that time he was awaiting pain management. Exam showed tenderness at paraspinal muscles; guarding; spasms; restricted flexion to 30 degrees, extension 0, right and left bending 10; motor strength is 5-/5; intact symmetrical Reflexes. The treatment request is for a second opinion spine evaluation. Utilization Review on 11/06/2014 non-certified the request for second opinion spine evaluation. Cited was Medical Treatment Utilization Schedule-ACOEM Practice Guidelines-Low Back Complaints. Primary care of occupational physicians can effectively manage acute and subacute low back problems conservatively in the absence of red flags.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd opinion Spine Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

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

**Decision rationale:** This is a 50 year old male who suffered a work related injury on 06/21/2014. The injured worker has diagnoses of status post posterior Gill Procedure with fusion of L5-S1 secondary to spondylolisthesis at Lumbar 5-Sacral 1, lumbar radiculopathy and failed back syndrome. Conservative care has included medications, therapy, and modified activities/rest. MRI done on 4/23/14 revealed post-surgical changes of posterior spinal fusion, solid lumbar interbody fusion at the L5-S1 level with bilateral laminectomy and partial medial facetectomy defects, mild left neural foraminal stenosis at the L5-S1 level, and 4mm grade 1 anterolisthesis of L5 on S1. Report of 10/27/14 from the provider noted the injured worker complains of persistent chronic low back pain rated 10/10. At that time he was awaiting pain management. Exam showed tenderness at paraspinal muscles; guarding; spasms; restricted flexion to 30 degrees, extension 0, right and left bending 10; motor strength is 5-/5; intact symmetrical Reflexes. The treatment request is for a second opinion spine evaluation. Utilization Review on 11/6/14 non-certified the request for second opinion spine evaluation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when there is no recommendation for surgery. Examination has no specific neurological deficits correlating with any remarkable diagnostic findings to render surgical treatment. Exam has no progressive deterioration, acute findings or red-flag conditions to indicate lumbar instability or remarkable surgical lesion to support for second opinion. The 2nd opinion Spine Evaluation is not medically necessary and appropriate.