

<b>Case Number:</b>	CM14-0210088		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/29/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 in Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 37 year old female with an injury date of 01/29/11. Based on the 11/12/14 progress report provided by treating physician, the patient complains of low back pain which radiates to bilateral lower extremities, worse on the right. Patient has no surgical history directed at this complaint. Physical examination dated 11/12/14 revealed diffuse tenderness to palpation across the lumbar spine area, worse on the right, negative straight leg raise and Lasegue's tests bilaterally. Neurologic examination noted no deficits bilaterally. Range of motion was decreased in all planes, especially on extension. The patient is currently taking Ibuprofen, Duexis. Per progress notes 11/12/14, Diagnostic MRI dated 09/15/14 noted "2mm broad, central posterior disc protrusion indenting the epidural fat at L5-S1." Additionally, STIR imaging noted "high intensity zone at L5-S1 consistent with an annular tear and associated disc dehydration at L5-S1." Patient is currently working modified light duty. Diagnosis 11/12/14:- Lumbago with L5-S1 sciatica- L2-S1 HNP (herniated nucleus pulposus)The utilization review determination being challenged is dated 12/2/14. The rationale is: "Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve surgery." Treatment reports were provided from 06/27/14 to 11/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with spine surgeon:** Overturned

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

**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) Chapter 7, page 127 Follow-up.

**Decision rationale:** The patient presents with low back pain which radiates to bilateral lower extremities, worse on the right. The request is for Follow up with spine surgeon. Physical examination dated 11/12/14 revealed diffuse tenderness to palpation across the lumbar spine area, worse on the right, negative straight leg raise and Lasegue's tests bilaterally. Neurologic examination noted no deficits bilaterally. Range of motion was decreased in all planes, especially on extension. The patient is currently taking Ibuprofen, Duexis. Diagnostic MRI with STIR was performed on 09/15/14. Patient is currently working modified light duty. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialists if the 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 this case, the primary care physician seeks to resolve patient's chronic back pain via surgical referral following the failure of conservative therapies and owing to the intensity of her symptoms. Diagnostic MRI dated 09/15/14 corroborates disc abnormality. Progress notes dated 08/12/14 indicate that the patient has already had at least one surgical consult, at which time the providing surgeon states " the most appropriate approach would be prosthetic disc replacement at the L5-S1 segment before consideration was given to any surgical approach or technique it would be important in my opinion to do some routine laboratory screening to rule out underlying inflammatory rheumatologic condition and also have her see a good spanish speaking psychologist". This psychological evaluation was subsequently denied by medical review. It appears that despite the lack of psychological evaluation that the patient still desires surgery and the primary care physician and spine surgeon are willing to go ahead with the procedure. Therefore, this request for an additional surgical consult appears reasonable. The request is medically necessary.