

<b>Case Number:</b>	CM15-0002848		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female with an injury date of 09/14/13. Based on the 12/15/14 progress report provided by treating physician, the patient complains of low back pain that radiates to left foot, and painful gait. Physical examination to the lumbar spine on 12/15/14 revealed decreased range of motion, especially on extension 15 degrees. Significant left trochanteric bursitis. Positive straight leg raise test on the left at 30 degrees. MRI of the lumbar spine revealed disc protrusion chiefly left sided L3-4 severe, L4-5 severe, and L2-3 mild. The patient was initiated on Naproxen, Prilosec and Flexeril. Per progress report dated 12/15/14, treater requests "surgical consult with [REDACTED] for the diagnosis of multilevel disc protrusion severe at L3-4." The patient "has exhausted conservative treatment for multilevel disc herniation. Lumbar spine is now 1 year 3 months from onset of symptoms. Patient has had PT/rest/and LESI which provided excellent but temporary relief which is an excellent prognosis that surgery will be beneficial outcome. Clearly there is no role for further LESI. I feel that [REDACTED] will be able to help immensely." The patient is temporarily totally disabled. Diagnosis 12/15/14 - L3-4, L4-5 disc protrusion - severe- left trochanteric bursitis. The utilization review determination being challenged is dated 12/31/14. The rationale is "NO DOCUMENTATION of a detailed description of the patient's response to epidural injection". Treatment reports were provided from 05/19/14 - 12/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Surgical Consultation for the Lumbar Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The patient presents with low back pain that radiates to left foot, and painful gait. The request is for SURGICAL CONSULTATION FOR THE LUMBAR SPINE. Patient's diagnosis on 12/15/14 included L3-4, L4-5 severe disc protrusion and left trochanteric bursitis. The patient was initiated on Naproxen, Prilosec and Flexeril per treater report dated 12/15/14. The patient is temporarily totally disabled.ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification."Per progress report dated 12/15/14, treater requests "surgical consult with [REDACTED] for the diagnosis of multilevel disc protrusion severe at L3-4." The patient "has exhausted conservative treatment for multilevel disc herniation. Lumbar spine is now 1 year 3 months from onset of symptoms. Patient has had PT/rest/and LESI which provided excellent but temporary relief which is an excellent prognosis that surgery will be beneficial outcome. Clearly there is no role for further LESI. I feel that [REDACTED] will be able to help immensely." In this case, the patient continues to have back pain following lumbar epidural steroid injection and conservative care. The requested expertise regarding surgery appears reasonable and may benefit the patient. Therefore, the request IS medically necessary.