

<b>Case Number:</b>	CM15-0003649		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 38 year old male with an industrial injury dated August 21, 2013. The injured worker diagnoses include lumbar strain and displacement of lumbar intervertebral disc without myelopathy. He has been treated with radiographic imaging, prescribed medications, physical therapy, and periodic follow up visits. According to the most recent progress note dated 1/23/2014 submitted by the representative of the injured worker, the injured worker reported pain in neck and midback. Objective findings revealed full range of motion with cervical tenderness at C7. There were no current progress notes submitted for review. The treating physician prescribed services for a spine surgery consultation. Utilization Review determination on December 23, 2014 denied the request for spine surgery consultation citing MTUS, ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgery consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-315..

**Decision rationale:** Per the MTUS, Surgery should only be considered when there is serious spinal pathology or nerve root dysfunction that is not responsive to conservative therapy. Most patients with strong clinical findings of nerve root dysfunction recover within one month and with or without surgery 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to mid-term recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings and increases the need for future surgical procedures with higher complication rates. A review of the injured workers medical records do not show severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies with accompanying objective signs of neural compromise, therefore based on his clinical presentation and the guidelines the request for spine surgery consultation is not medically necessary.