

<b>Case Number:</b>	CM15-0103544		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: 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:

This 46-year-old male sustained an industrial injury on 6/15/04. He subsequently reported back pain. Diagnoses include degenerative disc disease, chronic low back pain. Lumbar MRI (4/27/2015) showed L5-S1 disc protrusion with borderline compromise of the left neural foramen and there is L4-5 extradural defect with moderate bilateral compromise of the neural foramen. Treatments to date include x-ray and MRI testing, back surgery, physical therapy and prescription pain medications. The injured worker complained of worsening low back pain that radiates to the bilateral lower extremities. Upon examination, the injured worker appears to be in significant distress; he is sitting uncomfortably and has a significant antalgic gait. Range of motion of the lumbar spine is diminished. Straight leg raise bilaterally with shooting pains was noted. Decreased sensation to light touch in the bilateral lower extremities in multiple dermatomal regions was noted. The treating physician made a request for spine surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgical 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-Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 2 pg 21; Chp 5 pg 79, 89-90, 92; Chp 12 pg 306, 310.

**Decision rationale:** Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. The provider in this case has requested referral to a spine surgeon for evaluation of worsening low back pain with sciatica and with changes on imaging suggesting a possible surgical condition. Conservative care has not been effective at controlling the patient's symptoms. The request is not a request for surgery although there is an assumption that the referred specialist will request surgery. The case is complicated by prior low back surgery. Referral to a surgeon at this point in the patient's care appears to be appropriate. Medical necessity for referral has been medically necessary.