

<b>Case Number:</b>	CM15-0136097		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/18/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

The injured worker is a 44 year old female who sustained an industrial injury on 03/18/2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar disc displacement without myelopathy, sciatica and depression. Treatment to date has included diagnostic testing, psychological evaluation and follow-up, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 26, 2015, the injured worker continues to experience low back pain with radiation into the bilateral lower extremities. Examination determined an antalgic gait without tenderness or atrophy of any extremity. According to the medical review on May 14, 2015 there was some spasm and guarding of the lumbar spine. Current medications are listed as Tylenol Extra Strength, Gabapentin, Colace and Venlafaxine. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of beginning physical therapy (6 sessions) as authorized and the 12 sessions of cognitive behavioral therapy (CBT) as authorized, continuing home exercise program, medication regimen, weight loss, European sleep work mattress and the current request for a lumbar spine surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical consultation as an outpatient for symptoms related to the lumbar spine injury:**  
Upheld

**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 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the request is for a surgical consult for symptoms related to the lumbar spine. A surgical consult is not warranted at this time. A recent MRI of the lumbar spine was normal and the injured worker is noted to be morbidly obese but has lost 30 pounds. The request for surgical consultation as an outpatient for symptoms related to the lumbar spine injury is determined to not be medically necessary.