

<b>Case Number:</b>	CM15-0147998		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	06/08/2005
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 54 year old female with an industrial injury dated 06-08-2005. Her diagnoses included sprain of ligaments of lumbar spine, spondylolisthesis, and spinal stenosis of lumbar region, sciatica and degenerative disc disease (lumbar). Prior treatment included surgery, diagnostics and medications. She presented on 04-10-2015 with complaints of low back pain and weakness in lower extremities. Physical examination revealed tenderness and some spasm in the paralumbar musculature. Range of motion of the thoracolumbar spine was limited. She presented on 06-09-2015 with pain in low back radiating to the legs. The provider documents "the patient not only has a complex lumbar injury and condition, but also has significant underlined neurological process, which has left her with a component of quadriparesis." She had an unsteady gait and ambulated with a cane. She was to continue medications. The note dated 07- 01-2015 requests "either an orthopedic surgeon or a neurosurgeon who has Fellowship training in complex spine diseases to simply evaluate (the injured worker) in the office and render the proper course of care to manage her pain." There are no subjective or objective findings documented in this note. MRI of the lumbar spine dated 08-30-2014 showed slight progression of degenerative disc disease at lumbar 2-lumbar 3 and lumbar 4-lumbar 5 and status post anterior posterior fusion at lumbar 5-sacral 1 without recurrent spinal stenosis or perineural fibrosis. The treatment request is for spinal surgery second opinion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal surgery second opinion:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**Decision rationale:** Although it appears reasonable to question the medical necessity of additional invasive procedures for this individual, the request for an expert opinion is supported by MTUS Guidelines. The Guidelines allow for expert second opinion when the treating physician feels that a particular issue is beyond their expertise. The requesting physician does not provide adequate evidence for additional surgery or treatment, but additional evaluation and opinion is consistent with Guidelines if the treating physician feels that their own evaluation is inadequate for a final determination. Under these circumstances, the Spinal surgery second opinion is supported by Guidelines and is medically necessary.