

<b>Case Number:</b>	CM15-0162492		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/15/2003
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Emergency 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 70 year old female, who sustained an industrial injury on 6-15-2003. The injured worker was diagnosed as having herniated disc, lumbago, and lumbar radiculopathy. Treatment to date has included diagnostics, lumbar spinal surgery in 2004 and 2007, epidural steroid injections (most recent provided 3 weeks of nearly complete pain relief), and medications. Currently, the injured worker complains of low back pain with radiation down the left leg. She had a fire sensation in her legs and feet. She reported an increase in pain and a dramatic function in activities of daily living. It was documented that she was denied epidural steroid injections, which provided relief in the past. Exam noted generalized tenderness in the lumbar, sacral, coccygeal, and pelvic areas, and restricted and painful range of motion. Current medication regimen was not noted. The treatment plan included surgical re-evaluation with a physician. The rationale was to assess for change in condition and stage additional intervention if needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical re-evaluation with physician:** 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 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 1 and 92.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has documented worsening of pain and decrease in function over the last few months after a prolonged period of stability. Noted conservative care and opioid therapy was attempted with no improvement. Patient has had prior back surgery in the past. Referral is for assessment by orthopedics for potential invasive intervention or other treatment, requesting provider is noted to be pain specialist and is not a surgeon. Referral to an orthopedist with patient's worsening status is appropriate and medically necessary.