

<b>Case Number:</b>	CM15-0180975		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, South Carolina

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

### 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 46-year-old male, who sustained an industrial injury on 8-4-2008. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar intervertebral disc disorder without myelopathy and lumbar spinal stenosis. Currently, he complained of ongoing pain in the low back, right leg, knee, ankle and foot. On 7-1-15, the physical examination documented restricted range of motion and an absent right ankle reflex. On 7-27-15, the pain was noted to be increased to 10 out of 10 VAS in the low back with radiation to right lower extremity. The physical examination documented lumbar tenderness and restricted range of motion. The provider documented prior denials for prescription medication and MRI; therefore, requesting a consultation at the pain center. The appeal requested authorization for a consultation with an orthopedic spine surgeon. The Utilization Review dated 8-14-15, denied the request indicating the available records did not support that the California Medical Treatment Utilization Schedule (MTUS) Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines were met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with orthopedic spine surgeon for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Independent Medical Examinations and Consultations Chapter 7 page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS pg 503.

**Decision rationale:** According to the ACOEM guideline cited, surgical consultation is indicated for low back pain when there are severe and disabling lower leg symptoms in a radicular pattern consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain for more than one month or extreme symptom progression, clear combined evidence of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment. Furthermore, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The guidelines also state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. Treating provider notes through 7-27-15 indicate that the injured worker has had persistent severe pain in his low back with radiation to the right lower extremity. Although the provider indicated absent ankle reflex, the rest of the physical exam was normal, to include sensory and motor. MRI requests have been non-certified, and it is not apparent that the injured worker has undergone other forms of conservative management, to include physical medicine. Due to the incongruent history and physical exam for radicular history, the injured worker should undergo further evaluation. However, due to incongruence's and lack of conservative therapies, the request for consultation with orthopedic spine surgeon for lumbar spine is not medically necessary and appropriate at this time.