

<b>Case Number:</b>	CM15-0184877		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 36 year old male who sustained an industrial injury on 11-20-13. The injured worker is not working. The medical records indicate that the injured worker is being treated for lumbar spondylosis, radiculitis, neuropathy, myofascial sprain-strain; lumbar herniated nucleus pulposus. Currently (8-19-15) his condition is not worsening per documentation and a 2nd spine surgery was not recommended and advised that it may worsen his symptoms. He complains of low back pain that is unchanged and radiates to bilateral legs (per documentation his leg symptoms started after his surgery 12-19-14). On physical exam of the lumbar spine there was tenderness to palpation over the paravertebral musculature L4-5, L5-S1, tenderness to palpation over the right buttocks, positive straight leg raise right lower extremity. He has an antalgic gait and uses a cane for ambulation. He has undergone an MRI of the lumbar spine (12-19-14) showing L4-5 disc desiccation, facet arthropathy, mild stenosis, status post laminectomy right L5-S1 without benefit and leg symptoms started after surgery; electromyography (3-15-15) showing L2, L3 and L4 acute or chronic neuropathic changes on the right. He does home exercise program; had physical therapy (2 sessions) without much relief and the 1-15-15 note indicates 12 sessions of physical therapy with a fair amount of relief; has had medications: Duexis, tramadol, gabapentin (discontinued per 7-22-15 note). There is a request for authorization with no date for consult and treatment with a spine specialist. On 9-1-15 Utilization Review non-certified the request for a 3rd opinion-consult for spinal specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3rd Opinion/Consult with Spine Specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents with pain in the lower back and the right lower extremity. The request is for 3rd Opinion/Consult with Spine Specialist. Physical examination to the lumbar spine on 09/30/15 revealed tenderness to palpation to the paravertebral musculature, from L4 through S1 and over the right buttock. Range of motion was noted to be limited. Straight leg raising test was positive on the right. Patient's treatments have included medication and physical therapy. Per 08/19/15 progress report, patient's diagnosis include lumbar spondylosis, lumbar radiculitis, lumbar neuropathy, and lumbar myofascial sprain/strain. Patient's medications, per 07/2/15 progress report include Voltaren Gel and Pennsaid. Per 09/30/15 progress report, patient is to remain off-work for 6 weeks. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In progress report dated 08/19/15, the treater is requesting authorization for 3rd party opinion from spine specialist within MPN. The patient continues with pain in the lumbar spine and the right lower extremity. Review of the medical records provided indicate that the patient was evaluated by a spine surgeon on 04/30/15, who recommended physical therapy for lumbar/core strengthening, pain management, Gabapentin, consideration of facet joint injection and consideration for neurology consultation. In this case, the treater has not documented why additional consultation from another specialist is needed. Given the lack of documentation, this request IS NOT medically necessary.