

<b>Case Number:</b>	CM15-0189922		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/10/2000
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: North Carolina

Certification(s)/Specialty: 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 60-year-old, male who sustained a work related injury on 4-10-2000. A review of the medical records shows she is being treated for low back pain. Treatments have included lumbar epidural injections (last one on 2-9-15, no benefit), lumbar spine surgeries x 4, and a spinal cord stimulator trial. In the progress notes, the injured worker reports persistent low back pain. He describes pain as "pins and needles" in his low back. From notes dated 8-20-15, he had recent spinal cord stimulator trial and did not "experience a sufficient level of improvement with the use of the device." He reports a feeling of weakness in the legs and "his pain level did not improve." On physical exam dated 9-9-15, he has severely limited and painful lumbar range of motion. MRI of lumbar spine dated 12-9-14 has provider-stating results as "status post spinal fusion from L3 to L5. Metallic blooming artifact significant limits evaluation of the lower lumbar spine. At L2-3, there is a 4mm circumferential disc bulge. There is moderate bilateral neural foraminal narrowing. Moderate spinal canal stenosis measuring 7mm in AP dimension with effacement of the cerebrospinal space sunning the transiting nerve root. At L3-4 and L4-5, there is a left hemilaminectomy. There is a left facetectomy. There is right facet joint hypertrophy. At L5-S1, there is minimal diffuse disc bulge. There is mild bilateral neural foraminal narrowing and bilateral facet joint hypertrophy." No notation of working status. The treatment plan includes a request for a referral back to the spine surgeon. In the Utilization Review dated 9-18-15, the requested treatment of a referral to spine surgeon for evaluation and treatment is not medically necessary.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Referral to spine surgeon for evaluation and treatment of low back:** 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 General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM : The health practitioner may refer to other specialist 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: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of significant low back pain that have failed treatment by the primary treating physician. Therefore, criteria for a spinal surgeon consult have been met and the request is medically necessary.