

<b>Case Number:</b>	CM15-0198190		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: 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:

This is a 47 year old male who sustained an industrial injury on 9-5-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar fusion L4-L5-S1 April 2014. According to the progress report dated 9-3-2015, the injured worker complained of ongoing low back pain with radiating symptoms down his right lower extremity. He rated his pain level as 10 out of 10 without medications and 6 out of 10 with medications. He reported that with medications, he was able do some light, quick, household chores. The physical exam (7-9-2015) revealed tenderness to the lumbar paraspinal muscles with bilateral positive leg lifts. Treatment has included surgery, physical therapy and medications. Current medications (9-3-2015) included Duragesic patches, Norco, Omeprazole, Effexor and Zanaflex. The physician noted (9-3-2015) that magnetic resonance imaging (MRI) of the lumbar spine from 10-9-2013 showed a posterior disc protrusion at L4-L5. The request for authorization was dated 9-18-2015. The original Utilization Review (UR) (9-22-2015) denied a request for a second opinion spine surgeon consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Opinion Spine Surgeon Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with low back complaints. These guidelines include the indications for surgical referral. Referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms. In this case there is insufficient documentation to justify a second opinion for surgical consultation. Specifically, the medical records do not provide evidence that the patient is having radiculopathy symptoms that are consistent with the findings on imaging studies. Further, there are no consistent findings that demonstrate neural compromise. It is also unclear whether the patient has had an adequate trial of conservative treatment. For these reasons, a second opinion with an orthopedic spine surgeon is not medically necessary at this time.