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| <b>Case Number:</b>   | CM15-0206479 |                              |            |
| <b>Date Assigned:</b> | 10/23/2015   | <b>Date of Injury:</b>       | 09/23/2013 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 10/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2015 |

### 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: Pennsylvania  
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 injured worker is a 62 year old male, who sustained an industrial injury on 09-23-2013. The injured worker was diagnosed as having lumb-lumbosac disc degeneration and post laminectomy syndrome - lumbar. On medical records dated 10-01-2015, the subjective complaints were noted as low back severe pain, right leg, both ankle and feet pain. Objective findings were noted as the injured worker uses a cane to assist with ambulation. Pain was rated at 10 out of 10. Pain was described as burning, dull, and numb, sharp, shooting, tingling, and weakness. Treatments to date included medication, acupuncture, epidural steroid injection, ice treatment, physical therapy and heat treatment. The injured worker was noted to be not working. The injured worker was noted to be awaiting a lumbar fusion. Current medications were listed as Norco, Flexeril, Protonix, Zoloft, Amitriptyline HCL, Enalapril Maleate and Gabapentin. The Utilization Review (UR) was dated 10-13-2015. A Request for Authorization was dated 10-02-2015. The UR submitted for this medical review indicated that the request for spinal orthopedic surgeon second opinion consultation was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal orthopedic surgeon second opinion consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

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

**Decision rationale:** According to the ACOEM, "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." This worker has had 2 previous spinal surgeries and a 3rd spinal surgery with spinal fusion has been recommended. The ACOEM does not address second opinions but in this case, would appear appropriate at the discretion of the referring physician.