

<b>Case Number:</b>	CM15-0216664		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 51-year-old male who sustained an industrial injury on 6/6/14. Injury occurred while he was sitting on the floor sorting magazines and then lifted the tote, with onset of low back pain. Past surgical history was positive for right L4/5 hemilaminectomy in February 2013. The 6/18/14 lumbar spine MRI indicated that injured worker was status post right L3/4 and L4/5 hemi-laminectomies and discectomy, and progressed spondylosis of the lumbar spine. There was a grade 1 L5/S1 anterolisthesis with equivocal chronic right L5 pars interarticularis defect. There was neuroforaminal narrowing at L3/4 through L5/S1, moderate to severe on the left at L4/5. The injured worker underwent a right L5 epidural steroid injection on 7/15/15. The 8/17/15 treating physician report cited intermittent grade 3-5/10 sharp low back pain radiating down the right lower extremity with numbness. Sitting, pushing, lifting, and lying down aggravated the pain, and walking alleviated the pain. Sleeping was difficulty due to pain. Physical exam documented antalgic gait, paraspinal tenderness to palpation from L3/4 to L5/S1, more on the right, and limited lumbar active range of motion. Neurologic exam documented normal deep tendon reflexes, decreased sensation over the L3/4 dermatomes, hyperalgesia over the L4/5 and L5/S1 dermatomes, 4+/5 global right lower extremity weakness, right calf and thigh atrophy, and positive right straight leg raise. The injured worker was working full time with restrictions. The treatment plan recommended an updated lumbar MRI, acupuncture x 8 sessions, and continued Neurontin and Norco. Authorization was requested on 10/12/15 for a selective nerve root block at right L5 and S1 and a consultation with a neurosurgeon. No current clinical information was available in the medical records. The 10/26/15 utilization review non-certified a

request for a consultation with a neurosurgeon as there was no documentation of response to prior treatments.

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

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

**Consultation with neurosurgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM chapter 7.

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

**Decision rationale:** The California MTUS guidelines state that 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. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have not been met. This injured worker has intermittent low back pain radiating into the right lower extremity with numbness. Clinical exam findings documented no evidence of a focal neurologic deficit. There is no evidence of focal neurocompression on imaging. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no documented rationale to support the medical necessity of this request at this time. Therefore, this request is not medically necessary.