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| <b>Case Number:</b>   | CM15-0222750 |                              |            |
| <b>Date Assigned:</b> | 11/18/2015   | <b>Date of Injury:</b>       | 08/29/2013 |
| <b>Decision Date:</b> | 12/30/2015   | <b>UR Denial Date:</b>       | 11/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2015 |

### 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: Montana, Oregon, Idaho

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:

The injured worker is a 54 year old male, who sustained an industrial injury on August 29, 2013. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc bulge at lumbar 2 to 3, lumbar 3 to 4, and lumbar 4 to 5 with nerve root impingement and neuroforaminal stenosis, status post lumbar epidural steroid injection with moderate relief with pain returning, and bilateral chronic lumbar 4 radiculopathy and loss of peroneal nerve consistent with chronic changes per electromyogram. Treatment and diagnostic studies to date has included lumbar epidural steroid injection on February 23, 2015, magnetic resonance imaging of the lumbar spine, medication regimen, and home exercise program. In a progress note dated September 24, 2015 the treating physician reports complaints of intermittent numbness and tingling to the left thigh along with noting a 90% relief in symptoms to the legs status post lumbar epidural steroid injection on February 23, 2015. Examination performed on September 24, 2015 was revealing for decreased strength to the flexor hallucis longus muscle, an improvement in range of motion, positive straight leg raises, and decreased sensation to the left posterolateral thigh. The progress note from September 24, 2015 noted magnetic resonance imaging of the lumbar spine with the date unknown that was revealing for neuroforaminal stenosis to the lumbar 2 to 3, lumbar 3 to 4, and the lumbar 4 to 5 levels along with an electromyogram with nerve conduction study with date unknown that was revealing for chronic radiculopathy to the left lumbar 4, chronic right lumbar 3 or lumbar 2 to 4 radiculopathy, and right peroneal radiculopathy. The treating physician requested an evaluation and treatment of the lumbar spine with an orthopedist but did not indicate the specific reason for the requested evaluation and treatment. On November 10, 2015 the Utilization Review determined the request for evaluation and treatment of the lumbar spine with an orthopedist to be modified.

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

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

**Evaluation and treatment with an orthopedist, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. In this case the worker is 54 years old and was injured in 2013. The submitted documentation does report an adequate trial of conservative management. However, official reports of the EMG studies and radiology reports of the lumbar spine MRI are not included in the submitted documentation. Therefore the cited guidelines criteria have not been met and the request is not medically necessary.