

<b>Case Number:</b>	CM15-0034581		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 67 year old male, who sustained a work related injury on 2/14/14. The diagnoses have included lumbar spinal stenosis and lumbar strain/sprain. Comorbid conditions includes diabetes, depression and obesity (BMI 33.9). CT scan lumbar spine on 2/16/14 showed grade 1 spondylolisthesis L4-5 and moderate spinal canal stenosis at that level, MRI lumbar spine on 3/22/14 showed multilevel degenerative disc disease with severe bilateral foraminal stenosis at L4-5 with compression of right L4 nerve root and moderate foraminal stenosis at L5-S1 without evidence of nerve compression. Treatments to date have included oral medications, activity modifications, a home exercise program and physical therapy. In the PR-2 dated 1/6/15, the injured worker complains of constant, aching, severe low back pain. He states the pain is made worse by activity. He states pain medications do help with pain relief. He rates his pain a 7/10. He has pain to palpation over low lumbar area. He states he has constant numbness and tingling in his right leg that is made worse by walking. He states that the pain medications do help ease the pain and he uses a cane. He rates this pain a 7/10. On 1/21/15, Utilization Review non-certified a request for a referral to a specific spine specialist. The California MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to [REDACTED] / spine specialist- (Pre-Op psyche eval done):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, pages 92, 127, 112 and Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): Chp 5 pg 92; Chp 12 pg 306, 310.

**Decision rationale:** The provider has requested re-referral to a spine surgeon for treatment of lumbar spondylolisthesis and L4 nerve root compromise. The request is not a request for surgery although there is an assumption that the referred specialist will request surgery. The case is complicated by a recent pre-surgical mental health evaluation, which described a major depressive disorder but did not comment on whether the patient is a good surgical candidate or not. Pre-surgical psychological evaluations are optional requests to look for psychological barriers to healing to improve the surgical outcome. They are not a requirement for surgery. Regardless of the result of the mental health evaluation, the patient is not improving with conservative care and referral to a surgeon at this point in the patient's care appears to be appropriate. Medical necessity for referral has been established.