

<b>Case Number:</b>	CM15-0044230		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 28 year old female sustained a work related injury on 05/05/2012. According to a progress report dated 02/11/2015, the injured worker was seen for follow up for lower back pain with radicular symptoms. She stopped taking Neurontin because she had side effects of swelling and puffiness of the face and eyes after 1 tablet of Neurontin. She was currently taking 2 tablets of Norco per day which decreased pain by 90 to 100 percent, but she had a lot of pain in the midday between doses. One tablet of Norco gave her 4-6 hours of relief. She reported waking up during the night with pain down the right leg with no relief. Both legs hurt, but the right hurt more than the left. She was currently working modified duty. Electrodiagnostic studies from 02/03/2015 showed mild to moderate acute denervation in the right L5 distribution and mild to moderate acute denervation in the left L5-S1 distribution. An MRI report of the lumbar spine on 04/25/2013 did not correlate with the electromyogram findings, in that there was no central canal stenosis or peripheral nerve root compression at any level noted. Diagnoses included lumbosacral strain of bilateral lower extremities radicular symptoms, central disc protrusion at L1-L2, L3-L4 and L4-L5 by MRI of the lumbar spine, a tear in annulus fibrosis at L3-L4 and L4-L5 by MRI of the lumbar spine, consistent with bilateral sacroiliac joint strain, mild to moderate acute denervation in the right L5 distribution by electromyography and mild to moderate acute denervation in the left L5-S1 distribution by electromyography. A prescription for Norco was written. Recommendations included modified duty. A request for authorization was made for a neurosurgeon consultation, evaluation and treatment. The provider noted that the injured worker

had abnormal findings bilaterally on electromyogram studies. A request was also made for standing MRI of the lumbar spine.

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

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

**Neurosurgeon Consultation/Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, referral neurosurgical consultation and evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbosacral strain of the bilateral lower extremities with radicular symptoms; central disc protrusion at L1-L2, L3- L4 and L4- L5 lumbar spine by MRI; a tear in the annulus fibrosis at L3-L4 and L4- L5 by MRI lumbar spine; and bilateral sacroiliac joint screen; mild to moderate acute distribution in the right L5 distribution by EMG; and mild to moderate acute denervation left L5 -S1 distribution by EMG. The treating physician ordered and the injured worker received an MRI April 25, 2013. The treating physician states the MRI of the lumbar spine does not correlate with EMG findings because there is no central canal stenosis or peripheral nerve compression at any level. Subjectively, the injured worker was seen for follow-up on February 5, 2015 are low back pain with radicular symptoms. There is no clinical documentation of the significant change in symptoms or objective findings. The guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation are sufficient evidence to warrant imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no new or significant changes in symptoms or objective findings in the most recent examination dated February 5, 2015. Additionally, there is no neurologic evaluation in the physical examination. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The treating physician did not conduct a thorough physical examination with a neurologic evaluation. Norco provides approximately 90% relief. Documentation from October 9, 2014 shows the injured worker completed five out of six pool therapy sessions. Subjectively, the documentation states: "The no complaints of decreases pain by probably 80% maybe 90%." It is unclear what this means. The treating physician goes on stating: "pain radiates down the legs

less with pool therapy. There is constant pain across the lower back radiating down both legs, but with pool therapy, she is having less pain down the legs. Therapy has improved the range of motion of the back." The documentation from November 16, 2014 conflicts with the documentation from October 9, 2014 regarding pool therapy and whether pool therapy was initiated. Consequently, absent clinical documentation of a thorough neurologic evaluation and documentation (by referring to a neurosurgeon) that will aid in the diagnosis, prognosis and therapeutic management of a patient by referring to a neurosurgeon along with clinical improvement as a result of aquatic therapy, referral neurosurgical consultation and evaluation is not medically necessary.