

<b>Case Number:</b>	CM15-0050813		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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:

The injured worker is a 61-year-old female who sustained an industrial injury on 9/24/12, relative to a fall. The 10/26/12 lumbar spine MRI impression documented degenerative disc, endplate and facet changes at multiple levels about the lumbar spine and grade 1 (3 mm) retrolisthesis of L3 on L4 and L4 and L5. The 2/4/15 treating physician report cited long-standing back pain ranging from 8-10/10 associated with spasms, aching, numbness, and tingling down both legs, right greater than left. Pain was worse with leaning forward and better with anti-inflammatory medications. Anxiety and depression were reported. Physical exam documented marked limitation in lumbar range of motion, weakness in right hip flexion and knee extension, positive right straight leg raise, and tenderness to palpation over the L4/5 spinous process with radiation down the right leg. Patellar and Achilles reflexes were decreased on the right. Sensation was decreased over the right lateral calf. The diagnosis was lumbar radicular pain and radiculopathy. The treatment plan recommend L5/S1 epidural steroid injection, physical therapy and acupuncture 2 to 3 times per week for 6 weeks, psychological referral with cognitive behavioral therapy and biofeedback, and medications, including gabapentin, Lyrica, and tizanidine. The patient was indicated for continued chronic pain management and spine surgery second opinion consultation. The 2/17/15 utilization review certified a request for pain management consultation. A request for second opinion spine surgery consult was non-certified as there was mechanical low back pain and spondylosis with no evidence of active radiculopathy or stenosis on MRI to support surgical intervention.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Second opinion spine surgery consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral 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. The patient presents with long standing radicular low back pain. There are clinical exam findings consistent with diffuse multilevel neurologic findings. The most recent imaging does not evidence active radiculopathy or stenosis. There are significant psychological issues noted with psychological evaluation and treatment recommended. There is no evidence that the patient has failed pain management, with current referral for epidural steroid injection noted. Therefore, this request is not medically necessary at this time.