

<b>Case Number:</b>	CM15-0088741		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 63-year-old male who sustained an industrial injury on 11/6/14. Injury occurred when he was moving a machine that weighed over 600 pounds and felt a sharp pain in back radiating to the right leg. Conservative treatment included activity modification, 12 visits of physical therapy, home exercise, and medications. The 4/15/15 treating physician report cited on-going complaints of lower back pain with numbness and tingling into the right lower extremity. MRI studies showed multilevel spinal stenosis with bilateral neuroforaminal stenosis at L4/5. Authorization was requested for referral to neurosurgeon for management of symptoms related to lumbar and thoracic spine. The 4/28/15 utilization review non-certified the request for referral to a neurosurgeon for management of symptoms related to lumbar and thoracic spine as there were no clinical findings suggestive of neurologic compromise or specific overt pathology. The 5/7/15 treating physician report cited constant lower back pain intermittently radiating down both legs, right more than left, with a tingling sensation. He was doing his home exercise program, taking medications as directed, and working modified duty. Physical exam documented L2-L5 tenderness to palpation, bilateral muscle spasms, restricted and painful lumbar range of motion, 4/5 right big toe dorsiflexion weakness, equivocal straight leg raise, and no sensory deficit. The diagnosis was lumbar degenerative disc disease. The treatment plan requested neurosurgical evaluation for continued radicular symptoms and right big toe dorsiflexion weakness despite conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to neurosurgeon for management of symptoms related to lumbar and thoracic spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 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 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 been essentially met. This injured worker presents with persistent function-limiting low back pain radiating to the lower extremities with numbness and tingling. He has not been able to return to work full duty. Clinical exam findings are consistent with reported imaging evidence of plausible L4/5 nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Given the failure of disabling symptoms to resolve despite an adequate trial of conservative treatment and positive clinical and imaging findings, this request is reasonable to allow for neurosurgical evaluation and management. Therefore, this request is medically necessary.