

<b>Case Number:</b>	CM15-0089877		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 36 year old male who sustained an industrial injury on November 27, 2013. He has reported injury to the low back and has been diagnosed with lumbosacral radiculopathy. Treatment has included chiropractic care, medication, pain management, and injection. Lumbar range of motion was 75% of expected. The injured worker was able to get on and off the exam table without difficulty. Forward flexion was most uncomfortable. Bilateral lower extremity strength was a 5/5. Sensation to the left was diminished in L4, L5, S1 dermatome in the left lower extremity. MRI of the lumbar spine dated May 20, 2014 revealed L5-S1 left paracentral large disc extrusion extending to the left half of the canal and lateral recess causing severe compression of the left transversing S1 nerve root. Moderate indentation on the left aspect of the thecal sac and moderate L4-5 degenerative disc disease with small broad posterior central protrusion, moderate lateral recess narrowing and slight impingement of transversing L5 nerve roots left greater than right. The treatment request included a spine surgery consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine Surgery Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

**Decision rationale:** The patient underwent recent LESI on 7/8/14 with noted benefit per the provider. AME report in January 2015 recommended re-evaluation with PMR/ Pain management for repeat LESI. Report of 4/13/15 from the provider had recommendation to repeat LESI which was authorized by UR; however, the patient had deferred and wanted spine surgery consult. Report noted lumbar radicular symptoms; however, exam showed only slight decreased in sensation at left S1 dermatome with intact motor strength and symmetrical reflexes. The patient is working full duty. Request for spine consult was denied while the repeat MRI of the lumbar was certified noting pending results to determine indication for consultation necessity. No repeat report is provided to compare with MRI of 5/20/14 for possible resorption of disc disorder. Submitted report has not shown progressive change in chronic pain symptoms, clinical findings, acute flare-up or new injuries for this chronic injury. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult. Examination has no specific neurological deficits to render surgical treatment nor is there any current diagnostic study remarkable for any surgical lesion. The Spine Surgery Consultation is not medically necessary and appropriate.