

<b>Case Number:</b>	CM13-0067571		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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. The expert reviewer is Board Certified in Neurologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 34-year-old male who reported an injury on 04/16/2010. Within the clinical note dated 11/18/2013, it was revealed that the injured worker reported occasional pain in the shoulders rated 2/10, and low back pain rated 9/10. It was further reported that the injured worker was having difficulty with activities of self-care, including dressing and putting on his shoes and socks, bathing, hygiene, and requires pain killers. The medication list provided included Xanax and Norco without frequency and dosage strength provided within the medical records. The physical exam revealed a limited range of motion in the lumbar spine, with intact deep tendon reflexes and normal motor strength testing. The sensation testing revealed diminished sensation in the entire left lower extremity in no dermatomal distribution. The examination further revealed diffuse tenderness with no palpable or visible spasms, and a negative straight leg raise test. The listed diagnoses for the injured worker included degenerative disc disease with disc herniation at L5-S1, and status post labral repair of the right shoulder. Within the discussion section of the progress note, it was noted that on 10/25/2011, there was an EMG study and nerve conduction velocity performed that was noted to reveal normal findings with no signs of radiculopathy; and an MRI scan with a date not provided that was noted to include disc herniation at L5-S1 that impinged on the S1 nerve root. It was further notated that the physician believed that, with respect to the lumbar spine, surgery was not the only available modality for treatment. Within the clinical note dated 12/05/2013, it was revealed that the injured worker had not had the opportunity for chiropractic adjustments, and the physical exam revealed the injured worker had a neutral posture with occasional lumbar tenderness over the paraspinals, with range of motion near full capacity, and was only limited to 2 pain. The Request for Authorization was dated 12/16/2013 within the submitted medical records, with previous forms of therapy to include physical therapy and chiropractic therapy.

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

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

**ONE SECOND OPINION FOR NEUROSURGERY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 12, 305.

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

**Decision rationale:** The request for 1-second opinion for neurosurgery is not medically necessary. The California MTUS/ACOEM Guidelines state the criteria for utilization of surgical consultation is indicated as when there is a presence of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of nerve compromise. Additionally, the criteria set forth include clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term for surgical repair, and documentation of failure of conservative treatment to resolve disabling radicular symptoms. Within the submitted documentation, it was the opinion of a physician that included there were further modalities of treatment that did not include surgical intervention, and documentation of electrodiagnostic studies that confirmed normal findings and no signs or symptoms of radiculopathy. Without contrast imaging of previous studies down that show clear imaging of a diagnosis of radiculopathy, documentation of failure of conservative treatment to resolve disabling radicular symptoms, no further interventions other than surgical intervention, and physical exams that show significant objective functional signs of radiculopathy, the request cannot be supported at this time by the guidelines. As such, the request is not medically necessary.