

<b>Case Number:</b>	CM14-0164872		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/10/1900
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 54 year old male who is 6 feet tall and weighs 280 lbs. He was injured on 10/10 2011 when he bent down to assist a wheelchair bound passenger in his bus. When he straightened back up he experienced low back pain. He was initially treated by a chiropractor and subsequently underwent an MRI scan of the lumbar spine on 11/03/2011 which revealed degenerative disc disease with retrolisthesis at L3-4 and L4-5. There was moderate left and mild to moderate right neural foraminal stenosis at L3-4. There was moderate to severe neural foraminal stenosis at L4-5 on the left and moderate on the right with a broad based bulge and left lateral protrusion of the disc contacting the nerve root. The worker smokes and also uses street drugs. He did state on one occasion that he had stopped smoking. His urine toxicology has tested positive for methadone, opiates, oxycodone, and tricyclic anti-depressants. Multiple examinations have revealed negative straight leg raising bilaterally and no sensory deficit. However, one examiner documented some weakness of the left foot but there is no documentation of having the worker walk on heels to observe the strength of the foot dorsiflexors. He did respond favorably to epidural steroid injections in the past with pain relief for four months. The issue at dispute pertains to a request for a surgical consultation which was denied by UR on the basis of an agreed medical examination by an orthopedic surgeon on 3/15/2014. The examiner felt that he is not a candidate for surgery. The history of smoking, use of street drugs, as well as the negative straight leg raising documented by various examiners, and the excessive body weight are all negative factors. He can certainly try the epidural steroid injections again if necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical follow-up with ortho surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307.

**Decision rationale:** Surgical consultation for an L4-5 laminectomy and fusion may be appropriate if there is evidence of nerve root dysfunction not responding to conservative therapy. The records indicate negative straight leg raising documented by several examiners. No sensory deficit was documented. Weakness of foot dorsiflexors was documented only on one occasion but it was not tested by having the worker walk on heels. The use of street drugs, the excessive body weight and the history of active smoking are negative factors from the surgical viewpoint. The good response to epidural steroid injections in the past indicates another non-surgical option is available if the radicular pain should get worse in the future. California MTUS guidelines for surgical considerations indicate that studies of asymptomatic adults commonly demonstrate disc herniations that apparently do not cause symptoms. The MRI scan findings change with time and resorption of herniated discs can occur on sequential scans. However, in smokers progressive deterioration of the degenerative cascades is more likely. Should the symptoms worsen a repeat MRI may be needed. Under the topic of spinal fusion the guidelines indicate that there is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with the natural history, placebo, or conservative treatment. In light of the above, the request for a surgical consultation is not medically necessary per guidelines.