

<b>Case Number:</b>	CM14-0059311		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Family Practice and is licensed to practice in North Carolina. 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 patient is a 52-year-old with a reported date of injury of 06/09/2008. The patient has the diagnoses of myosspasms, intervertebral disc disease, lumbar impingement and radiculopathy. Per the progress notes from the primary treating physician dated 02/21/2014, the patient had complaints of continuing low back pain with radiation into both legs with numbness in the left leg. The physical exam noted mild tender lumbar muscles pain with myospasm and decreased lumbar range of motion. The treatment plan recommendations included neurosurgery consult and continuation of medications. Previous treatment modalities have included physical therapy and epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a neurosurgeon with Interpreter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) general principles.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient had previously been seen by neurosurgery on 09/12/2013. A previous MRI from 08/08/2013 showed mild to moderate degenerative disc space disease at L5-S1. There was a broad based disc protrusion, facet hypertrophy, moderate bilateral lateral recess stenosis, bilateral foraminal disc herniation's, marked compression of both L5 nerve roots and severe right to very severe left L5 foraminal stenosis. At that time the neurosurgeon recommended L5-S1 decompression and fusion. The patient's current exam remains stable from the previous physical exam from the primary treating physician dated 09/23/2013. There is no reasoning given in the primary treating physician's progress notes why a new neurosurgery consult would be necessary given the stable exam and previous consult already completed. Therefore the request is not Medically Necessary.