

<b>Case Number:</b>	CM15-0015789		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 41 year old female, who sustained an industrial injury on 12/11/12. She has reported low back pain. The diagnoses have included L4-L5 disc protrusion, left gluteus medius spasm and chronic low back pain. Treatment to date has included MRI of the lumbar spine, physical therapy, lumbar epidural injections, chiropractic treatments and oral medications. As of the PR2 dated 2/3/15, the injured worker reported low back pain that radiates to her left lower extremity. The treating physician is wanting the injured worker to be evaluated for a laminectomy and discectomy. The treating physician requested a second opinion consultation with a spine surgeon. There are no other progress notes included in the case file. On 12/30/14 Utilization Review non-certified a request for a second opinion consultation with a spine surgeon. The utilization review physician cited the ACOEM chapter 12 guidelines for surgical considerations. On 1/27/15, the injured worker submitted an application for IMR for review of a second opinion consultation with a spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second opinion consultation with spine surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremities. The request is for SECOND OPINION CONSULTATION WITH A SPINE SURGEON. The treater provided one report on 02/03/15 after the utilization review determination date on 12/30/14. MRI of the lumbar spine on 06/17/14 shows broad-based protrusion at L4-5 causing effacement of the bilateral recesses compression both of her descending L5 nerve roots. The patient saw neurosurgeon [REDACTED] who recommended a decompression and fusion at L4-5. The 02/03/15 progress report states that the treater re-appealed non-certification of consultation with a spine surgeon. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists 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." In this case, the patient has had a consultation with a neurosurgeon who recommended a decompression and fusion. The treater does not discuss why another opinion is needed, but given the gravity of the decision regarding spinal surgery, a second opinion should be allowed. The request IS medically necessary.