

<b>Case Number:</b>	CM15-0017718		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Hawaii  
 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 male, who sustained an industrial injury on 2/10/2009. He has reported low back pain and spasms. The diagnoses have included lumbar sprain/strain, disc protrusion L4-5 and L5-S1, left leg radiculopathy and left SI sprain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), chiropractic therapy, physical therapy, psychological counseling, epidural steroid injection and Toradol injections. Currently, the IW complains of persistent low back pain. On November 4, 2014, the provider documented that a prior evaluation resulted in suggesting the injured worker required an anterior lumbar interbody fusion at L4-5 and L5-S1 with spacer, allograft and plating. Request for another neurosurgeon referral was made. Physical examination documented SI tenderness, Range of Motion (ROM) was not performed due to refusal secondary to pain. The plan of care included repeating an Magnetic Resonance Imaging (MRI) of lumbar spine, referral to neurosurgeon and continued activity modification. On 1/28/2015 Utilization Review non-certified a referral to a neurosurgeon, lumbar spine, noting the referral to the pain management specialist should be completed first. The MTUS and ACOEM Guidelines were cited. On 1/29/2015, the injured worker submitted an application for IMR for review of a referral to a neurosurgeon, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to a neurosurgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-7. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 2nd Edition, 2004, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Pg. 127

**Decision rationale:** The patient presents with severe pain in his back, using a walker when flare-ups occur. The current request is for referral to a Neurosurgeon, lumbar spine. The treating physician notes on 11/14/14 (B15) "States last person he had seen prior to treating here was Neurosurgeon [REDACTED] who told him he had to have surgery but insurance has denied. Surgery was to be anterior lumbar interbody fusion at L4-5 and L5-S1 with spacer, allograft and plating followed by posterior supplementation L4-5 and L5-S1." ACOEM guidelines state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the treating physician does not explain why a neurosurgical consultation is required. No examinations are provided showing neurologic dysfunction. The ACOEM guidelines recommend referral to a 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. The IW is under the care of a physiatrist and complains of significant pain and disability despite conservative care. A neurosurgical consult is reasonable to determine if the IW's condition has change in the interval time to justify surgical intervention. Therefore, the current request is medically necessary and the recommendation is for authorization.