

<b>Case Number:</b>	CM15-0116629		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 55-year-old male who sustained an industrial injury on 9/19/13. The mechanism of injury was not documented. Records documented that the injured worker had been diagnosed with spondylolisthesis at the L3/4 level and the possibility of L3/4 fusion noted. The 12/12/14 lumbar spine MRI impression documented a 4 mm broad-based posterior disc protrusion at L4/5 combined with mild bilateral facet arthropathy resulting in mild bilateral neuroforaminal narrowing. There was a 5 mm disc bulge at L3/4 with resultant mild bilateral neuroforaminal narrowing. There was an annular tear with a 2-3 mm posterior central disc protrusion at L5/S1 which indented the anterior thecal sac but did not result in significant spinal stenosis. There was a 5 mm anterior disc protrusion at L1 and 4-5 mm anterior disc protrusion at T12/L1. There was disc desiccation at T12/L1 through L5/S1 with mild disc height loss at L1/2 and mild to moderate disc height loss at L3/4. The 4/10/15 treating physician report indicated that the injured worker had been seen by the neurosurgeon who did not feel he was a candidate for surgery. He continued to have pain and all conservative treatment had been exhausted. The treating physician report wanted to get one more opinion from a spine surgery about the possibility of surgery. If the spine surgeon did not feel as if he was a candidate for surgery then it would be time for him to be deemed permanent and stationary with permanent restrictions. The 5/8/15 treating physician report cited severe pain from the lower thoracic spine to the buttocks and posterior thighs, especially with prolonged sitting. Physical exam documented normal heel/toe gait, lumbar flexion limited to 30 degrees, and no tenderness to palpation. There was normal lower extremity strength, 2+ and symmetrical deep tendon reflexes, and intact sensation.

Straight leg raise and nerve tension signs were negative bilaterally. The diagnosis was acquired spondylolisthesis and limb pain. The treating physician report stated that conservative treatment had been exhausted. The neurosurgeon had recommended core strengthening and epidural steroid injection but this had already been done and wasn't beneficial. Referral to another spine surgeon was recommended. Authorization was requested for spine surgeon evaluation and treatment. The 5/13/15 utilization review non-certified the request for spine surgeon evaluation and treatment as the injured worker was afforded a neurosurgical evaluation on 3/23/15 which recommended additional physical therapy and epidural steroid injections with no discussion of surgery, and no current imaging evidence of a surgical lesion.

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

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

**Spine surgeon evaluation and treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have been met. This injured worker presents with persistent thoracolumbar pain radiating into the buttocks and posterior thighs that has failed to resolve with time and comprehensive conservative treatment. There is reported imaging evidence of L3/4 spondylolisthesis and disc bulging. Functional limitations preclude return to work. The treating physician report has requested an additional spine surgery opinion prior to determination of permanent and stationary status. Therefore, this request is medically necessary.