

<b>Case Number:</b>	CM15-0166497		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 46-year-old female, who sustained an industrial injury on 5-23-2013. The injured worker is being treated for lumbar region injury, lumbar discogenic syndrome, left shoulder injury, myofascial pain, insomnia, lack of libido, and major depressive disorder single episode. Treatment to date has included chiropractic treatment, lumbar epidural steroid injections x 2, acupuncture, work restrictions, diagnostics, home exercise (HEP), TENS, and medications. Per the Primary Treating Physician's Progress Report dated 7-10-2015, the injured worker reported pain rated as 8 out of 10. Objective findings of the lumbar spine included tenderness to the left paraspinal, coccygeal area and left sacroiliac joint. Work status was modified. The plan of care-included continuation of HEP, continuation of TENS, continue self-TPT, request lumbar support, continuation of medications, acupuncture and consultations. Authorization was requested on 7-10-2015 for a neurosurgery consult, acupuncture, naproxen, cyclobenzaprine, Escitalopram and LidoPro. On 7-29-2015, Utilization Review non-certified the request for consultation with a neurosurgeon, and 12 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Neurosurgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The MTUS guidelines states: Referral for surgical consultation 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, Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms. The injured worker sustained a work related injury on 5-23-2013. The injured worker has been diagnosed of lumbar discogenic syndrome, left shoulder injury, myofascial pain, insomnia, lack of libido, and major depressive disorder single episode. Treatment to date has included chiropractic treatment, lumbar epidural steroid injections x 2, acupuncture, work restrictions, home exercise (HEP), TENS, and medications. The medical records provided for review do not indicate a medical necessity for Consultation with Neurosurgeon. The medical records indicate she has low back pain that radiates down her legs, associated with weakness; the history correlates with the Physical examination, MRI and Nerve studies. Additionally, the MRI shows annular tear in the L5-S1 area on the left that is associated with radiculopathy. Therefore, the clinical presentation meets the MTUS Guidelines criteria for surgical consideration; nevertheless, this is not medically necessary given that she was reported to have declined surgery in the 11/24/2014 report.