

<b>Case Number:</b>	CM15-0063385		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 43-year-old male who sustained an industrial injury on 10/12/13. Injury occurred when he bent over under a table and lifted a heavy box. The box started to fall and he felt an acute pop and onset of lower back pain. Past medical history was positive for diabetes, elevated cholesterol, thyroid disease, hypertension, and asthma. He underwent L5/S1 posterior lumbar laminectomy, facetectomy, foraminotomy, discectomy, and transforaminal interbody cage placement and fusion with pedicle screw instrumentation on 7/1/14. The 3/11/15 treating physician report indicated that the injured worker had had significant issues following surgery. He was struggling with water therapy, could not walking with the assistance of a walker, and was using a wheelchair most of the time. He had thoracic pain with numbness and tingling intermittently below the thoracic area into the buttocks and legs. He had significant pain at night and sustained multiple falls. He had visited the emergency department due to fecal incontinence. He was unable to perform activities of daily living independently. Physical exam documented mild lumbar and sacroiliac joint tenderness, minimal thoracic tenderness, diffuse lower extremity 4/5 weakness except for tibialis anterior which was near 5/5. Deep tendon reflexes were trace at the patella and Achilles. Straight leg raise were positive bilaterally. Clonus was negative. The 3/5/15 MRI showed a large thoracic disc extrusion with T7/8 with an extruded fragment that deformed the cord on the left side. Additional thoracic imaging was recommended with contrast to rule-out a lesion. The treating physician report discussed the case with the neurosurgeon who wanted to get a second neurosurgical opinion relative to the source of the lower extremity weakness. The 3/11/15 treating physician report cited significant low back pain. Objective

findings were notable for mild tenderness to palpation of the lower spine and sacroiliac joints, minimal tenderness of the thoracic area and significant leg and back pain with straight leg raise. MRI of the thoracic spine was noted to show a likely disc extrusion at T7-T8 as well as some cord compression on the left side. The physician noted that it was uncertain as to whether the thoracic issue was causing lower extremity weakness and that a referral for second surgical opinion was being made. The 3/20/15 utilization review non-certified the request for a second neurosurgical opinion as an authorized MRI had not yet been performed nor had recommendations for further treatment been provided based on MRI findings.

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

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

**Second surgical opinion with Neurosurgeon, lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004, page 127 and 112.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines state that 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. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electro-physiologic 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. The ACOEM guidelines support additionally 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. Guideline criteria have been met. This patient presents with significant pain and functional loss following lumbar spine surgery. There is imaging evidence of an extruded thoracic disc fragment. He has failed to improve as expected with conservative treatment in the post-operative period. A request by the treating physician report and neurosurgeon for a second opinion regarding the on-going symptoms and new diagnostic testing has been submitted. This is reasonable as the diagnosis is uncertain and the treatment plan may benefit from additional expertise. Therefore, this request is medically necessary.