

<b>Case Number:</b>	CM15-0068024		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male sustained an industrial injury to the back on 3/23/13. Previous treatment included magnetic resonance imaging, electromyography, hemilaminotomy with decompression, physical therapy, epidural steroid injections, spinal cord stimulator trial, heat/ice and medications. In the most recent PR-2 submitted for review, dated 2/3/15, the injured worker complained of low back pain with muscle spasms and radiation and numbness into the left leg, rated 8/10 on the visual analog scale. Physical exam was remarkable for L5 and S1 hypoesthesia. Current diagnoses included spinal stenosis, lumbar spine radiculopathy and post laminectomy syndrome. The treatment plan included awaiting lumbar spine magnetic resonance imaging prior to consideration of spinal cord stimulator implantation and continuing heat and ice as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior approach consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 75 - 92 and 305, respectively.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultations, page 127.

**Decision rationale:** The patient is a 56 year old male with an injury on 03/23/2013. He had a laminectomy with decompression and continues to have a lumbar radiculopathy. He had a trial with a spinal cord stimulator. The requested consultation for an anterior approach does not meet ACOEM guidelines for a consultation in a specialty area of expertise as neurosurgeon are trained to do spine surgery and procedures with both anterior and posterior approaches. While there may be times that a neurosurgeon will have an assistant surgeon who is a vascular surgeon do the anterior approach, this is not a specialty and is a convenience for the neurosurgeon.