

<b>Case Number:</b>	CM15-0092030		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/10/1998
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 10, 1998. In a Utilization Review report dated April 22, 2015, the claims administrator denied a request for an orthopedic spine surgery consultation. An RFA form dated April 17, 2015 and an associated progress note dated April 15, 2015 were referenced in the determination. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination. The claims administrator did, however, reference MRI imaging of December 31, 2014 suggesting that the applicant had had earlier spine surgery. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation. Ongoing complaints of low back pain were reported. The applicant had apparently consulted a neurosurgeon who had declined to intervene operatively. The applicant stated that he wished to obtain a second opinion from the surgeon who did his surgery some 14 years prior. The applicant was still smoking. An orthopedic spine surgery consultation was ultimately endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho surgeon consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306; 310.

**Decision rationale:** Yes, the request for an orthopedic [spine] surgery consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is in consideration, counseling regarding likely outcomes, risks and benefits and expectations is "very important." ACOEM Chapter 12, Table 12-8, page 310 also notes that discussing surgical options with applicants with persistent and severe low back pain is "recommended." Here, the applicant had undergone earlier failed lumbar spine surgery, it was suggested above. The applicant had significant residual pain complaints and significant residual functional deficits, it was suggested above. Obtaining a second opinion spine surgery consultation to determine the applicant's suitability for further surgical intervention was, thus, indicated. Therefore, the request was medically necessary.