

<b>Case Number:</b>	CM13-0056349		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/09/1979
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 71 year old male who presented with low back pain. The clinical note dated 01/19/11 indicates the patient having undergone an epidural steroid injection that did result in a 15-20% improvement of pain. The note indicates the patient having a 40% decrease in pain in the left lower extremity. The patient rated his pain as 5/10 at that time. The clinical note dated 05/03/12 indicates the patient required to do a lot of overhead work for his occupation. The patient's past medical history is significant for an arthroscopic rotator cuff repair. The clinical note dated 08/27/13 indicates the patient complaining of pain, stiffness, as well as numbness and tingling. The patient had additional complaints of right hip pain. Radiating pain was identified into the lower extremities. The patient has undergone extensive physical therapy in the past. The clinical note dated 12/12/13 indicates the patient complaining of neck and low back pain. The patient rated the pain as 4/10 at that time. The patient stated that the previous blocks in the lumbar region did provide good relief. The patient was recommended for diagnostic bilateral blocks at L4, L5, and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Spine Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

**Decision rationale:** The request for a Surgical Spine Consult is medically necessary. The patient has complaints of low back pain with associated stiffness, as well as numbness and tingling. The patient had undergone injection therapy with poor results. Given the ongoing neurological involvement with the continued low back pain and taking into account the prior attempts of more conservative treatments, a consultation is indicated in order to assess for the need for future treatments and establish the possibility of a surgical intervention.