

Case Number:	CM13-0054552		
Date Assigned:	12/30/2013	Date of Injury:	03/17/2004
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas, New Mexico, and Nebraska. 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 physician 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 patient is a 62-year-old male, a garbage worker, who was injured on 03/17/2004 while moving garbage into a truck and started developing symptoms, including lower extremity pain, low back pain. Prior treatment history has included post-op PT (physical therapy) and multiple epidural management, pain management and the patient takes hydrocodone/APAP q day, clonazepam 1 mg, Lamotrigine 200 mg, cyclobenzaprine HCL 10 mg, olanzapine 10 mg, fluoxetine HCL 40 mg. L3-S1 decompression 10/2007 and redo L5-S1 discectomy 09/14/2009, arthrodesis with discectomy and bilateral foraminotomy C3-C5 10/2004. Diagnostic studies reviewed includes CT (computed tomography) scan of the lumbar spine with contrast showing severe spinal stenosis at L2-3 where CSF (cerebrospinal fluid) is not seen surrounding the cauda equina. Findings are worrisome for potential compression. EMG (Electromyography) of lower extremities dated 07/13/2005 is consistent with L5-S1 radiculitis. Additional consultations include a neurosurgery consultation on 12/13/2013 where the consultant stated the simplest operation would be to perform further decompression, especially around L2-3 region and that it would be easier to treat this lower extremity pain as compared to his back pain. For back pain he would likely require a larger operation, possibly a fusion. Clinic note dated 10/24/2013 documented the patient to have complaints of his pain progressing and that he is unable to function independently due to his pain levels, unable to sleep, has sexual dysfunction and is depressed and is seeing a psychiatrist due to his disability. Objective findings on exam included tenderness over the lower lumbar facet joints, TTP bilateral L1-L5 PSMS. Range of motion positive facet maneuvers bilateral L4/5 and L5/S1. Straight leg raising slightly positive on left, slightly positive on right. No focal weakness noted in bilateral extremities. Decreased stocking distribution bilateral lower extremities. Deep tendon reflexes reveal hyperreflexic patellar reflexes, symettric ankle reflexes and negative clonus. The patient was diagnosed with failed

back syndrome, s/p 2 lumbar decompression surgeries with persistent c/o lumbar radicular pain, LE (lower extremity) weakness, significant loss of ability to function independently resulting from his chronic pain. The treatment efforts to date have been unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgeon Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med Journal, Failed back surgery syndrome: diagnostic evaluation. Guyer RD1, Patterson M, Ohnmeiss DD., September 2006

Decision rationale: The CA treatment guidelines and the Official Disability Guidelines (ODG) do not specifically address the need for an orthopedic surgical consultation. The patient's requesting doctor states the patient has sexual dysfunction which may be due to cauda equine syndrome per [REDACTED] (evaluation dated 01/26/2012). The request was denied due to lack of documentation. Following the request and denial, the patient had a CT (computed tomography) myelogram which is reported to show severe L2/3 CCS (compartment syndrome) due to disc bulge and posterior disc osteophyte resulting in cauda equine compression. The request for an orthopedic spine consultation is within reason based on standards of care.