

<b>Case Number:</b>	CM14-0169242		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/19/1995
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 General Surgery, has a subspecialty in Urology and is licensed to practice in California. 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:

Patient is a 52-year-old female with a 08/19/95 date of injury. 09/17/14 progress report states that the patient presents for medication refill and states that she does not like the way the scar looks on her lower lumbar spine following the surgery. Reports that the present medications allow her to function and control her pain, which she rates at 5/10. Medications: Percocet and/325 mg t.i.d. p.r.n. and Nucynta 200 mg ER b.i.d. Patient notes insomnia, constipation, and increased physical activity. Physical examination was tenderness, spasm in the thoracolumbar fascia, latissimus dorsi and due to his knees on the right. SLR negative bilaterally. Diagnosis: Post laminectomy syndrome, failed back surgical syndrome, face to spinal course and later surgical the, adjustment disorder with depression and anxiety, opioid dependency, insomnia, lumbar strain. The report states that the patient has been provided with refills for Nucynta ER 200 mg t.i.d. #90 and Percocet 10/325 mg t.i.d. p.r.n. #90. The request is to consult a plastic surgeon to discuss options for repair of surgical incision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plastic surgeon consultation for revision of lumbar scar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit

**Decision rationale:** Although consultations are generally recommended by the guidelines, in this particular case, no objective findings of physical examination have been described substantiates the request for a consultation with a plastic surgeon. This request is based off the subjective complaints, in essence, the patient's own perception. No abnormalities of the scar/incision, indicating exact symptoms, such as inflammatory changes like swelling and redness, or lesions, exudate, or any other alarming finding that would necessitate the request to return to the plastic surgeon. Moreover, the patient's complaints are also unclear in terms of what exactly is it about the scar that the patient is not feeling comfortable with. Therefore, the medical necessity for the requested consultation has not been established.