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| Case Number: | CM14-0171389 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 01/04/2010 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/16/2014 |

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 72-year-old female with an injury date of 01/04/2010. Based on the 07/01/2014 progress report, the patient has pain in her lower back. She rates her pain as an 8/10 and reports difficulty sleeping at night secondary to the pain. She describes her pain as being frequent to constant and it has increased over the past 3 to 4 days. Range of motion is 50% restricted on all planes secondary to pain and the patient also has a positive straight leg raise test on the right and left. The 08/13/2014 report indicates that the patient also has pain in the anterior aspect, lateral aspect of her knee. The 09/16/2014 progress report indicates that the patient has had several sessions of acupuncture which were of no benefit. "She exhausted all conservative measure." The 04/21/2014 x-ray of the left knee revealed that there is mild increased activity adjacent to the femoral and tibial components of the left knee arthroplasty. This could be associated with hyperemia. On 05/14/2013, the patient had a lumbar epidural steroid injection L5-S1 on the left and on 05/01/2014; the patient had a lumbar epidural steroid injection L4-L5 on the right. The patient's diagnoses include the following: 1. Strain: Lumbar spine. 2. Strain - ankle- unspecified. 3. Contusion: Knee. 4. Pain: Knee - complex region pain syndrome. 5. Total knee replacement 08/17/2011. 6. Knee osteoarthritis - bilateral. 7. Preoperative exam - COMP. 8. Annular bulge is subtle superimposed central disk herniation/protrusion at L4-L5 without the utilization review being challenged is dated 10/08/2014. The treater reports were provided from 03/27/2014 - 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

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), Independent medical examination and consultations, Chapter 7, page 127.

Decision rationale: Based on the 09/16/2014 progress report, the patient complains of having lower back pain. The request is for a second opinion with [REDACTED] regarding the back surgery or other options. The denial letter states that "it would be appear as though evaluation has already been made by the first orthopedic consultant and the need for a second opinion has not been established. Additionally, it should also be noted that since there is no documentation of lumbar instability in the patient's record, the lumbar fusion procedure that the orthopedic surgeon proposed as an option for the patient is not certifiable by the guidelines." ACOEM Practice Guidelines second edition (2004) page 127 has the following, "occupational health practitioner may refer to additional specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater is concerned for the patient's lower back pain and is seeking additional recommendations from [REDACTED] for possible surgery. Given the patient's chronic pain, a second opinion appears medically reasonable. Therefore, the request for Second opinion with [REDACTED] is medically necessary and appropriate.