

<b>Case Number:</b>	CM14-0179884		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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:

This is a 40-year-old gentleman with a date of injury of 8/01/12. Mechanism of injury is not disclosed, but this patient has a history of chronic pain. He is followed by an orthopedist who states on his 5/30/14 report that the patient has recently been evaluated by an AME who felt he was permanent and stationary. This orthopedist also states that the patient is permanent and stationary in subsequent notes. That said, the patient was referred to a pain specialist who performed further treatment with interventional procedures. During the course of further care, the patient was entered into a Functional Restoration Program. A clear criteria for admission into such a program is that the patient would not benefit from further medical or surgical intervention measures. In addition to referring to pain, the orthopedist referred the patient for a second opinion spine surgery consultation. Submitted reports do not state why this is necessary. The patient has multiple diagnoses that include chronic intractable low back pain, lumbar DDD/disc herniation, radiculitis, neuropathic pain, greater trochanteric bursitis and depression. This was submitted to Utilization Review on 10/14/14 with an adverse determination rendered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine Surgery Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** ACOEM Guidelines do support spine surgery consultation in patients who have severe and disabling symptoms that are consistent with diagnostic abnormalities, activity limitation for more than one month, clear clinical findings/diagnostics with evidence of a surgical lesion, and failure of conservative treatment. In this case, the patient has already been seen by an AME and deemed Permanent and Stationary. The patient is followed by an orthopedist and has been referred to a pain specialist and to a Functional Restoration Program. The FRP consultation indicates that the patient is a candidate for the program. A clear criteria for FRP programs is that the patient is not a candidate for further interventional treatment such as surgery. Finally, reports from the treating orthopedist fail to discuss why he is seeking a second opinion spine surgery consult. Given the fact that the patient has been recently evaluated by an AME, is being followed by an orthopedist, and is also being followed by a pain specialist, there is extensive specialist expertise on the case already. Medical necessity for an additional spine surgery consult is not established.