

<b>Case Number:</b>	CM14-0046261		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 63-year-old female who reported injury on 12/18/2008. The injured worker's surgical history included an L5-S1 anterior and posterior fusion on 11/05/2011 and 11/08/2011. The injured worker's medication history included Norco 2.5/325 mg and Motrin 800 mg. The mechanism of injury was not provided. Prior treatments included physical therapy and a left sacroiliac joint injection. The documentation of 02/26/2014 revealed the injured worker had neurogenic issues including stool incontinence following lumbar spine surgery in 2011. The documentation indicated the injured worker had a Tarlov cyst and should have seen a colorectal surgeon with extensive experience of a Tarlov cyst in order to provide insight on the current condition of stool incontinence. The documentation further indicated, due to the injured worker's continuing anorectal issues for stool incontinence following lumbar surgery, she should be evaluated by a neurosurgeon. The documentation indicated the injured worker had a CT myelogram of the lumbar spine. The subsequent documentation of 06/02/2014 revealed the injured worker had been followed up on 04/22/2014 and had complaints of mid and low back pain radiating to the left lower extremity increased with lifting, bending and stooping. The examination of the lumbar spine was noted to revealed tenderness over the left sacroiliac joint and tenderness over the paravertebral muscles, left side greater than right, with muscle spasms. The range of motion as decreased. The Yeoman's, Gaenslen's, and sacroiliac stress test were positive on the left side and elicited low back pain on the right side. The straight leg raise test elicited increased low back pain. The physician further indicated in the letter of appeal that his scope was limited to orthopedic injuries and the injured worker should be referred to a specialist to allow for a more scrupulous investigation and, as such, a neurosurgeon consultation was requested. The treatment plan included a neurosurgical consultation to evaluate the Tarlov cyst consistent with neurologic deficit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgeon Consultation, QTY: 1 with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7 Independent Medical Evaluations and Consultations, Page 127.

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

**Decision rationale:** The ACOEM guidelines indicate that a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than one month or the extreme progression of lower leg symptoms. There should be documentation of clear clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide the original date of request and a DWC Form RFA. The documentation indicated the injured worker had stool incontinence. There was a lack of documentation, however, of imaging evidence of a lesion. The physician documentation indicated the injured worker had a Tarlov cyst. However, the study showing the Tarlov cyst was not provided for review. There was lack of documentation of electrophysiological evidence. Given the above, the request for neurosurgeon consultation, quantity 1 (one) with [REDACTED] is not medically necessary.