

<b>Case Number:</b>	CM14-0190737		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	10/04/2006
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 and Rehabilitation, 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 56-year-old male with an injury date of 10/04/06. Based on the 10/02/14 progress report provided by treating physician, the patient complains of chronic back pain, shoulder, and knee and hand pain. Physical examination revealed positive carpal tunnel tests on both wrists. Right knee swelling and tenderness. Lumbar/lumbosacral spine spasms and reduced/limited range of motion, especially on flexion and lateral bending. Positive sciatic stretch on both legs. Patient's medications include Amitriptyline, Gabapentin, Oxycodone, Protonix, Skelaxin, and Zolpidem. Treater states in progress report dated 10/02/14 that "patient cannot sit, stand, or lay down for long periods of time without being uncomfortable. He also complains of headaches which knock him out." Patient has "back pain with ruptured discs and bilateral carpal tunnel syndrome. He also has right shoulder impingement. His right knee is swollen and painful. He had an episode in August where his knee went out from under him and he fell." Treater states he would like to refer patient to another physician. Diagnosis 10/02/14- chronic back pain- hand pain- knee pain- shoulder pain. The utilization review determination being challenged is dated 10/21/14. Treatment reports were provided from 03/19/14 - 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro-surgical consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits, Institute for Clinical Systems Improvement, 2000 October.

**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) Chapter 7, page 127, CONSULT.

**Decision rationale:** The patient presents with chronic back pain, shoulder, knee and hand pain. The request is for NEURO-SURGICAL CONSULT. Physical examination revealed positive carpal tunnel tests on both wrists. Right knee swelling and tenderness. Lumbar/lumbosacral spine spasms and reduced/limited range of motion, especially on flexion and lateral bending. Positive sciatic stretch on both legs. Patient's medications include Amitriptyline, Gabapentin, Oxycodone, Protonix, Skelaxin and Zolpidem. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other 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. Treater states in progress report dated 10/02/14 that "patient cannot sit, stand or lay down for long periods of time without being uncomfortable. He also complains of headaches which knock him out." Patient has "back pain with ruptured discs and bilateral carpal tunnel syndrome. He also has right shoulder impingement. His right knee is swollen and painful. He had an episode in August where his knee went out from under him and he fell." Treater states he would like to refer patient to another physician. It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Given the complexity of the patient's condition, neuro-surgical consult appears reasonable. The request IS medically necessary.