

<b>Case Number:</b>	CM15-0142435		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/20/1991
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 66-year-old who has filed a claim for chronic low back, neck, and knee pain reportedly associated with an industrial injury of May 20, 1991. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve requests for an orthopedic consultation for the left knee, a neurosurgical evaluation for the cervical and lumbar spines, internal medicine consultation for medical preoperative clearance purposes, lumbar MRI imaging, and cervical MRI imaging. The claims administrator referenced a May 20, 2015 progress note in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked and mislabeled as originating from the MTUS. Non-MTUS-ODG Guidelines were also invoked. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported multifocal complaints of neck, low back, and bilateral knee pain, 7-9/10. Radiation of neck pain to the bilateral arms and fingers were reported with low back pain radiating to the left leg, it was reported. The applicant exhibited positive McMurray maneuver about the left knee with painful lumbar range of motion and positive straight leg raising appreciated about the lumbar spine. The applicant had undergone earlier failed cervical spine surgery, it was reported. The attending provider suggested that the applicant has heightened neck pain complaints radiating to the arms would benefit from the added expertise of a neurosurgeon. Tramadol was endorsed for pain relief in the interim. Lumbar MRI imaging was sought. The claimant was asked to consult a neurosurgeon to evaluate both the cervical and lumbar spine issues. An orthopedic knee surgery evaluation for the claimant's knee pain complaints was sought. The claimant was asked to pursue an internal medicine consultation to obtain preoperative clearance purposes. The claimant was

also asked to obtain treatment recommendations from a medical-legal evaluator. The claimant had been deemed "permanently disabled," the treating provider reported at the bottom of the note.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ortho consult for left knee: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultation, page 127,156, Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Yes, the proposed orthopedic consultation for the left knee was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off work and had been deemed permanently disabled; it was reported on July 8, 2015. The applicant had ongoing knee pain complaints and exhibited positive provocative testing, including a positive McMurray maneuver; it was reported on July 8, 2015. The applicant reported difficulty negotiating stairs and reported knee pain complaints in the 7/10 range. Earlier conservative management had failed. Moving forward with an orthopedic knee surgery consultation to determine the need for surgical intervention involving the injured knee was, thus, indicated. Therefore, the request was medically necessary.

#### **Neurosurgical evaluation for cervical & lumbar spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127,156, Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 306; 180.

**Decision rationale:** The request for a neurosurgical evaluation for the cervical and lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, if surgery is the consideration for the neck and upper back pain complaints, counseling and discussion regarding outcomes, risks, benefits, and expectations is "essential." This position is echoed by the MTUS Guideline in ACOEM Chapter 12, page 306, which also notes that counseling regarding outcomes, risks, benefits, and expectations is "very important" in applicants in whom surgery is the consideration. Here, the applicant had undergone earlier failed cervical spine surgery; it was reported on July 8, 2015.

The applicant was apparently contemplating further cervical spine surgery, the requesting provider suggested. Moving forward with the proposed neurosurgical evaluation, thus, was indicated. Therefore, the request was medically necessary.

**Internal medical consult to get medical pre op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), 2014 ACC/AHA Guidelines on Perioperative Cardiovascular Evaluation and Management of Patients.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

**Decision rationale:** The request for an internal medicine consultation to obtain medical preoperative clearance, conversely, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 183 does recommend careful preoperative education of an applicant and, by implication, the preoperative clearance in question, here, however, a definitive decision to undertake either cervical spine surgery or lumbar spine surgery had not, in fact, been made. Moving forward with an internal medicine consultation for preoperative clearance purposes, thus, was premature as the applicant had neither consulted a neurosurgeon nor made a definitive decision to pursue either cervical or lumbar spine surgery. Therefore, the request was not medically necessary.

**MRI lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Yes, the proposed MRI of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the applicant reported severe, 9/10 low back pain radiating to the left leg on July 8, 2015. A neurosurgery consultation was concurrently requested on that date. The attending provider seemingly suggested that the claimant was contemplating both lumbar and/or cervical spine surgery. Moving forward with lumbar MRI imaging for preoperative planning purposes was, thus, indicated. Therefore, the request was medically necessary.

**MRI cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Finally, the request for MRI imaging of the cervical spine was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging of the cervical spine is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant had undergone earlier cervical spine surgery; it was reported on July 8, 2015. The applicant was considering further cervical spine surgery, it was reported on that date. Severe complaints of neck pain radiating to the bilateral digits was reported on that date, 8/10. Moving forward with cervical MRI imaging for possible preoperative planning purposes was, thus, indicated. Therefore, the request was medically necessary.