

<b>Case Number:</b>	CM15-0204966		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 39 year old male, who sustained an industrial injury, December 2, 2013. The injured worker was undergoing treatment for on January 8, 2015 the injured worker underwent lumbar discectomy with disk resection L5-S1 left and L5-S1 right. According to progress note of August 26, 2015, the injured worker's chief complaint was low back and right leg, both knees, and now had developed nerve pain in the left leg and up into the buttocks area on both sides. The injured worker continued to use the right foot splint for foot drop and now had about 60% mobility of the left foot. The injured worker rated the low back pain at 6-8 out of 10 with medications. The Norco and Naprosyn had been stopped. The right knee remained painful, but the injured worker was full weight bearing. The injured worker was reporting continued numbness in the top of the right foot and the lower leg numbness. The physical exam noted the injured worker walked with a slight limp on the right. The motor exam of the right lower extremity showed 3 out of 5 motor strength of the right foot extension and the great toe extension. The tibialis anterior demonstrates the inability to dorsiflex the ankle beyond neutral. The straight leg raises caused low back pain and spasms at 30 degrees bilaterally. The injured worker previously received the following treatments Norco in the past, Naprosyn, Prilosec, Neurontin, physical therapy for the lumbar spine right foot splint to avoid tripping and falling. The RFA (request for authorization) dated September 6, 2015; the following treatments were requested follow-up visit for a spinal surgeon second opinion follow-up and treatment for the lumbar spine and pain management consultation for lumbar spine for epidural injections. The UR (utilization review board) denied certification on September 21, 2015; for the follow-up visit

for a second opinion spine surgeon follow-up lumbar spine and pain management consultation for lumbar spine.

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

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

#### **Second Opinion Spine Surgeon Follow up: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents with low back pain radiating to the bilateral lower extremities. The request is for second opinion spine surgeon follow up. Patient is status post low back surgery 01/08/15. Examination to the lumbar spine on 08/26/15 revealed the patient ambulating with a slight limp on the right. Straight leg raising test was positive bilaterally. Treatments to date have included medication, image studies, ESI's and physical and aqua therapy. Per 09/06/15 Request For Authorization form, patient's diagnosis includes lumbar stenosis L4-5. Patient's medications, per 07/21/15 progress report include Naprosyn, Neurontin, and Prilosec. Patient is permanent and stationary. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In Agreed Medical Examination report dated 07/16/15, it is stated that the patient was seen by multiple spine surgeons and had a laminectomy and discectomy at L4-S1 on 01/08/15, which improved his radicular symptoms. The patient continues with pain in the lumbar spine radiating to the lower extremities bilaterally. In this case, the treater has not documented why additional consultation from another specialist is needed. The patient is permanent and stationary and the treater has not provided any discussions regarding the patient needing surgical interventions. Given the lack of documentation, this request is not medically necessary.

#### **Pain Management Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents with low back pain radiating to the bilateral lower extremities. The request is for pain management consultation. Patient is status post low back

surgery 01/08/15. Examination to the lumbar spine on 08/26/15 revealed the patient ambulating with a slight limp on the right. Straight leg raising test was positive bilaterally. Treatments to date have included medication, image studies, ESI's and physical and aqua therapy. Per 09/06/15 Request For Authorization form, patient's diagnosis includes lumbar stenosis L4-5. Patient's medications, per 07/21/15 progress report include Naprosyn, Neurontin, and Prilosec. Patient is permanent and stationary. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treater has not specifically addressed this request. The patient is status post low back surgery and is diagnosed with lumbar stenosis L4-5. Treatments to date have included medication, image studies, ESI's and physical and aqua therapy. Given the patient's continued pain, the request for pain management consultation appears reasonable. Therefore, the request is medically necessary.