

<b>Case Number:</b>	CM15-0044838		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/15/1996
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 56-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, upper back, and lower back pain reportedly associated with an industrial injury of May 15, 1996. In a utilization review report dated March 6, 2015, the claims administrator failed to approve a request for a spine surgery evaluation. The claims administrator referenced a February 26, 2015 progress note and associated RFA form in its determination. On March 9, 2015, the applicant reported 8/10 low back pain radiating to the right leg. The applicant was on Klonopin, Colace, Duragesic, Neurontin, Ativan, Lunesta, Naprosyn, Prilosec, Percocet, Pristiq, Skelaxin, and Flomax, it was acknowledged. The applicant is status post knee arthroplasty procedures. The applicant's BMI is 29. The attending provider seemingly suggested that the applicant had failed various interventional spine procedures. The attending provider seemingly suggested that the applicant consult and/or follow up with a spine surgeon before considering a spinal cord stimulator trial. Permanent work restrictions and multiple medications were renewed. It did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Evaluation with spine surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 305, 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** 1. Yes, the proposed evaluation with a spinal surgeon was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding likely outcomes, risks, benefits, and expectations is very important. Here, the attending provider's documentation has seemingly suggested that the applicant may be a candidate for spine surgery and/or a spinal cord stimulator. Obtaining the added expertise of a spine surgeon, thus, was indicated here. Therefore, the request was medically necessary.