

<b>Case Number:</b>	CM15-0232267		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	08/19/1998
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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 is a 58 year old female, who sustained an industrial injury on 8-19-1998. The injured worker was being treated for failed back surgery syndrome, status post spinal cord simulator implant, and lumbar radiculitis. The injured worker (7-2-2015, 9-24-2015 and 10-22-2015) reported ongoing severe lumbar spine pain radiating into the bilateral lower extremities. In addition, she reported severe bilateral knee pain. She reported falls and decreased motor strength in the bilateral lower extremities. The physical exam (7-2-2015, 9-24-2015 and 10-22-2015) revealed lumbar range of motion decreased by 50% with severe pain on motion, pain corresponding to the bilateral L4-S1 (lumbar 4-sacral 1) dermatomes in the bilateral lower extremities, and normal motor strength of the bilateral lower extremities. The treating physician noted a walker, marked disability, and limited mobility. The treating physician (10-16-2015) noted that the injured worker presented for follow up 2.5 months after a right total knee replacement. The treating physician noted the injured worker was attending physical therapy. The physical exam (10-15-2015) revealed decreased bilateral hip range of motion, right knee flexion of 100 and extension of 0 and left knee flexion of 130 and extension of 0, full motor strength of the bilateral lower extremities, and intact sensation in all dermatomes. The treating physician noted tenderness to palpation over the medial and lateral joint line of the bilateral lower extremities. Per the treating physician (10-16-2015 report), a lumbar CT scan (undated) showed a bony bridge at the L5-S1 fusion without signs of any stenosis. Per the treating physician (10-22-2015 report), electrodiagnostic studies of the lower extremities showed evidence of chronic L5 (lumbar 5) radiculopathy. Surgeries to date have included a right total

knee arthroplasty on 7-31-2015, a spinal cord stimulator implantation, and a three level lumbar decompression and fusion. Treatment has included chiropractic therapy, a cane, and medications including pain and non-steroidal anti-inflammatory. The requested treatments included a spine surgery consult. On 11-17-2015, the original utilization review non-certified a request for a spine surgery consult.

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

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

**Spine surgery consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Surgical Considerations.

**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 complains of cervical spine pain radiating to bilateral upper extremities, bilateral shoulder pain, bilateral wrist pain, lumbar spine pain radiating to bilateral lower extremities, and bilateral knee pain, as per progress report dated 10/22/15. The request is for SPINE SURGERY CONSULT. There is no RFA for this case, and the patient's date of injury is 08/19/98. The 58 year old patient is status post right total knee replacement, as per operative report dated 07/31/15. The patient is status post three-level fusion in the lumbar spine, as per progress report dated 10/22/15. Diagnoses, as per this report, included cervical spondylosis, cervical facet joint pain, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral De Quervain's syndrome, failed back surgery syndrome, status post spinal cord stimulator implant, lumbar radiculitis, and bilateral knee arthropathy. The patient is temporarily totally disabled, as per progress report dated 09/18/15. MTUS/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 pain management progress reports dated 04/09/15, 07/02/15, 09/24/15 and 10/22/15, the treater states that an updated spine surgery consultation has been authorized. As per orthopedic and spine surgeon's report dated 10/16/15, "no invasive intervention is indicated for the cervical or lumbar spine." The treater, however, continues to request for a spine surgery consult but does not explain the need, especially since the patient is not a candidate for a spinal surgery. Hence, the request is not medically necessary.