

<b>Case Number:</b>	CM15-0120452		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/05/2006
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 47-year-old male, who sustained an industrial injury on 12/05/2006, after rolling his ankle in a pothole. The injured worker was diagnosed as having chronic pain syndrome, other chronic post-operative pain, and spinal cord stimulator implant in 2010. Treatment to date has included diagnostics, surgery for repair of a left torn meniscus in 2007, injections, physical therapy, transcutaneous electrical nerve stimulation unit, spinal cord stimulator implant in 2010, pain management, and medications. Currently, the injured worker reported being off all pain medication for the past three and one half weeks and pain level was now 7/10 (left knee) and low back (1/10 and unchanged). His pain level was 3-4/10 with the use of medications and he reported being able to sleep and rest. He stated he was unable to sleep for weeks and completion of activities of daily living was challenging. He was informed that Lyrica, Cymbalta, and Norco were approved. He requested refills on Soma and Ambien. He was currently not working, noting permanent partial disability. It was documented that he walked daily for exercise but had not received physical therapy for five years. He reported moderate relief with his spinal cord stimulator, as it relates to his left lower extremity. The treatment plan included an orthopedic surgical consultation due to left lower leg weakness and updated computerized tomography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic surgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Pursuant to the ACOEM, orthopedic surgical consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are chronic pain syndrome/CRPS; other chronic postoperative pain; and SCS implant October 2010. Date of injury is December 5, 2006. The request for authorization is dated May 29, 2015. A progress note dated May 18, 2015 subjectively states the injured worker has ongoing left knee pain and back pain that is unchanged. The injured worker has been off all medications for 3 1/2 weeks. Pain scale without medications is 7/10. Pain scale with medications is 3-4/10. Objectively, examination of the lumbar spine was non-tender with negative straight leg raising bilaterally and a normal gait. There was no neurological evaluation performed. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There are no clinical facts in the medical record indicating a consultation would aid in the diagnosis, prognosis and therapeutic management is clinically indicated. As noted above, examination of the lumbar spine was non-tender with negative straight leg raising and normal gait. A neurologic evaluation was not performed. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and an unremarkable examination of the lumbar spine, orthopedic surgical consultation is not medically necessary.