MAXIMUS Federal Services

Case Number:	CM15-0065820		
Date Assigned:	04/13/2015	Date of Injury:	04/21/1998
Decision Date:	06/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/07/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female, who sustained an industrial injury on 4/21/98. The mechanism of injury was not noted. The diagnoses have included lumbar fusion laminectomy time's four-chondromalacia patella of the left knee, gastrointestinal irritation due to medications, degenerative joint disease (DJD) of the lumbar spine, tear of the posterior horn of the medial meniscus and advanced osteoarthritis of the knee. Currently, as per the physician progress note dated 2/12/15, the injured worker complains of constant low back pain that travels to the left leg and rated 7/10 on pain scale. She also reports numbness and tingling and notes the pain is unchanged. She reports flare-ups and the pain are greater on the left side with the left leg feeling weak and as if it will give out. She also states that colder weather and changes in the medications have increased the pain levels. She also reports difficulty sleeping due to pain with anxiety, headaches, loss of appetite, and numbness with tingling and decreased muscle mass. The physical exam of the lumbar spine reveals positive Patrick-Fabere test bilaterally, Kemp's test/facet reveals pain on both sides, Valsalva reveals pain on the right, the straight leg raise seated test is positive bilaterally, straight leg raise supine test is positive on the right and left, there is tenderness to palpation with spasm, lumbar palpation reveals spinal radiating to the left leg, tenderness to palpation at the sacroiliac joints, tenderness at the sciatic nerve on the left and tenderness at the sciatic notch on the left. The lumbar range of motion is decreased with pain and spasm. There is tenderness to palpation at the left hip and thigh. Treatment to date has included medications, rest, heat/ice, diagnostics, surgery, chiropractic, physical therapy, and home exercise program (HEP). The current medications included soma, Ambien, Ultram, Norco and

topical creams. There was no recent diagnostics or urine drug screen reports included with the records. The physician requested treatment included Neurosurgical consult/treatment due to four previous back surgeries and worsening back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical consult/treatment due to four previous back surgeries and worsening back pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS reference ACOEM practice guidelines, 2nd edition (2004), Chapter 7 - Independent medical examinations and consultations Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in April 1998 and continues to be treated for elbow, knee, and low back pain. When seen, low back pain was rated at 7/10 and was unchanged. She was having numbness and tingling and intermittent weakness. She had undergone four lumbar spine surgeries. Fabere, Kemp, and straight leg raising tests were positive. Left lower extremity reflexes were decreased. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing low back pain with left lower extremity radicular symptoms and findings of radiculopathy. She has already had four spinal surgeries. Whether she has instability or another explanation for her symptoms is unknown. Therefore, the requested follow up neurosurgery consultation is medically necessary.