

<b>Case Number:</b>	CM14-0148372		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old female who was injured on 10/10/2007 when she slipped over a wet floor and landed heavily on her right side in a small confined space. The patient underwent arthroscopic surgery of her left knee in 02/2008 and right knee arthroscopic surgery in 01/2008. She has had transforaminal epidural steroid injection at L5-S1 on the right. Progress report dated 08/25/2014 states the patient presented with low back pain radiating down bilateral lower extremities and bilateral knee pain. She reported increasing pain in her low back and her right lower extremity. She also reported right knee pain. On exam, straight leg raise was positive on the right for low back pain and radicular pain. Facet loading test was positive bilaterally. Her SI joints were tender on the right side and spine extension was restricted and painful. She is diagnosed with chronic pain syndrome, pain in leg joint, lumbosacral spondylosis without myelopathy; and disc displacement with radiculitis of the lumbar spine. The patient was recommended for an extension of surgical consult as her previous request expired. Prior utilization review dated 09/02/2014 states the request for Extension of Surgical Consult is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension of surgical consult:** Overturned

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

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

**Decision rationale:** According to MTUS guidelines, referral to a specialist is recommended when a diagnosis is complex or may benefit from additional expertise. In this case a request is made for extension of a surgical consult for a 56-year-old female with chronic low back pain, abnormal lower extremity EMG/NCS, lumbar spondylolysis, spondylolisthesis, degenerative disc disease, and radiculopathy. Medical necessity is established.