

<b>Case Number:</b>	CM13-0030480		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/02/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine has a subspecialty in Pulmonary Disease and is licensed to practice in California, Florida, and New York. 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 physician 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 50 year old male who reported an injury on 05/02/2011. The patient is currently diagnosed with cervical sprain, back contusion, lumbar radiculopathy, lumbar strain, clavicle fracture, carpal tunnel syndrome bilaterally, biceps tendon tear, supraspinatus and infraspinatus strain, labrum tear, shoulder pain, supraspinatus tear, and infraspinatus partial tear. The patient was recently seen on 10/25/2013. The patient reported persistent lower back pain rated 6/10 with cervical spine pain rated 7/10. Physical examination revealed diminished range of motion of the cervical spine with tenderness to palpation and spasm, diminished range of motion of the lumbar spine, negative straight leg raising, intact sensation, and diminished range of motion of the bilateral shoulders secondary to pain. Treatment recommendations included a second opinion for lumbar and neck, a consultation for treatment for the right shoulder, continuation of current medication, and a request for physical therapy for the right shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 second opinion spine specialist ortho consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office Visits

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Official Disability Guidelines state the need for a clinical office visit with a healthcare provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical notes submitted, the patient has previously undergone a surgical consultation for the lumbar spine. Documentation of a significant musculoskeletal or neurological change in the patient's symptoms or physical examination findings was not provided. The patient has been released to work with modifications. The medical necessity for the requested service has not been established. As such, the request is non-certified.