

<b>Case Number:</b>	CM13-0039979		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	03/22/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 11/15/2006, secondary to heavy lifting. The patient is diagnosed with chronic lumbosacral strain, chronic cardiothoracic strain, degenerative joint disease at L4-5, broad-based disc bulge with extruded fragment at L4-5, and disc bulge at L5-S1. The patient was seen by [REDACTED] on 09/16/2013. The patient reported ongoing lower back pain with severe muscle spasm and radiation to the left lower extremity. Physical examination revealed moderate spasm in the left lower back area with intact sensation. Treatment recommendations included a referral for a neurosurgical opinion from [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A neurological consult and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pages 89-92.

**Decision rationale:** The 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 an agreement to a treatment plan. As per the documentation submitted the patient reports ongoing lower back pain with muscle spasm and radiation. The patient's physical examination only revealed moderate spasm in the left lower back area with intact sensation. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity for the requested referral has not been established. Therefore, the request is non-certified.