

<b>Case Number:</b>	CM13-0064005		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/16/2004
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of November 16, 2004. Thus far, the applicant has been treated with analgesic medications, long- and short-acting opioids, muscle relaxants, earlier lumbar spine surgery, and unspecified amounts of physical therapy over the course of the claim. In a progress note dated November 13, 2013, the applicant reported heightened complaints of low back pain radiating to the bilateral lower extremities. The applicant was having difficulty performing even back activities of daily living including dressing, walking, sitting, housework, and cleaning dishes. The applicant was having issues with depression, tearfulness, and poor sleep. Opioid therapy was not altogether effectual. The attending provider stated that the applicant had progressively worsening disk bulge and retrolisthesis at the L2-L3 level. The applicant was using a cane to move about and exhibited diminished sensorium about the leg. The applicant was reportedly having increased episodes of falling. A neurosurgery consultation and psychiatric consultation were sought. Multiple medications were refilled. The applicant was asked to continue lumbar support. The applicant was not working. The applicant was asked to continue Prozac. Assistance in the form of a caregiver to facilitate activities of daily living was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPECIALIST REFERRAL CONSULTATION WITH A NEUROSURGEON:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has heightened back complaints. The applicant apparently has an earlier failed lumbar fusion surgery. The applicant is having increasing falling episodes and is using a walker to move about. Obtaining added expertise of a physician in another specialty, namely neurosurgery, to determine whether or not the applicant is a candidate for further surgery is indicated. Therefore, the request is medically necessary.

**SPECIALIST REFERRAL CONSULTATION WITH A PSYCHIATRIST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health issues persist beyond three months and/or become disabling. In this case, the applicant is off of work, although it is not entirely clear whether this is a function of the applicant's mental issues or medical issues. The applicant does have longstanding issues with depression requiring usage of at least one psychotropic medication, Prozac. Obtaining the added expertise of a physician specializing in psychiatry is therefore indicated. Accordingly, the request is medically necessary.