

<b>Case Number:</b>	CM13-0072133		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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:

Patient is a 61 year-old female with date of injury 03/21/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/15/2013, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. Patient is status post L4 and L5 laminectomy in 2003. Objective findings: Examination of the lumbosacral spine revealed no tenderness to palpation from L1 to the sacrum and no spasm. Range of motion was reduce in all planes. Straight leg raising test was positive on the left. Patrick's sign was positive on the left. Decreased sensation of the L4-L5 distribution over the left leg. Motor examination was 4/5 on the left. Vascular examination was within normal limits. Diagnosis: 1. Failed back surgery 2. Lumbar radiculopathy 3. Lumbar disc herniation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient referral to pain management for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 127.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request based on the findings of the new injury. The patient does have documented segmental instability at L4-5, but this has been deemed to be pre-existing and non-occupational by a Qualified Medical Evaluator. Outpatient referral to a Spine Surgeon for the Lumbar Spine is not medically necessary.

**Outpatient Referral to a Spine Surgeon for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a consultation is ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult it is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient has been previously treated and discharged by a pain management specialist. In addition, her diagnosis is firmly established and her injury has been found to be at the point of maximum medical improvement. Outpatient Referral to Pain Management for the Lumbar Spine is not medically necessary.