

<b>Case Number:</b>	CM14-0000303		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Orthopedic Surgery 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:

This 53-year old male patient had a date of injury on 5/3/2011. In the documentation provided, there was no progress reports located in close proximity of the Utilization Review (UR) decision dated 12/16/2013. In a progress noted dated 4/24/2014, the patient continued to have pain and discomfort and was frustrated with the pain. On a physical exam dated 4/24/2014, the patient was currently not working and was noted to have lumbar instability, stenosis, and radiculopathy. The diagnostic impression showed spinal stenosis of lumbar region. Treatment to date: medication therapy, behavioral modification. A Utilization Review (UR) decision dated 12/16/2013 denied the request for ortho spine consult for lumbar spine, 2nd opinion. The rationale for the denial was not provided in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho spine consult for lumbar spine, 2nd opinion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the documentation provided, there was no progress notes located preceding the date of the UR decision dated 12/16/2014. The progress note closest to the UR decision was dated 4/24/2014, and a decision regarding medical necessity cannot be determined in absence of relevant clinical information preceding a request. Therefore, the request for Ortho spine consult, 2nd opinion, was not medically necessary.