

<b>Case Number:</b>	CM14-0002718		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 patient has submitted a claim for cervical and lumbosacral sprain/strain, cervical and lumbosacral contusion with possible disc injury, and left S1 lumbosacral radiculopathy. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, back bracing, home exercise programs, injections, transcutaneous electrical nerve stimulation (TENS), electro-acupuncture, physical therapy sessions, and surgery (4/4/13). The medical records from 2012 to 2014 were reviewed. The patient complained of constant cervical and left shoulder pain, graded 6-7/10, radiating to the left arm associated with numbness. The patient likewise complained of constant low back pain, graded 7-8/10, radiating to the left leg pain associated with numbness. Physical examination showed decreased left shoulder range of motion, strength, and tenderness over the left shoulder joint. There was tenderness, guarding and muscle spasm noted at the paracervical and paralumbar muscles. Range of motion of both cervical and lumbar spine was slightly restricted on all planes. A utilization review from December 24, 2013 denied the request for outpatient referral to orthopedist (██████████) for the cervical and lumbar spine due to insufficient documentation indicating objective findings consistent with cervical or lumbar pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT REFERRAL TO ORTHOPEDIST (██████████) FOR THE CERVICAL AND LUMBAR SPINE.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2009

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 7, 127 AND 156

**Decision rationale:** The CA ACOEM Independent Medical Examinations and Consultations state 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. In this case, the patient complained of back and neck pain radiating to the left shoulder and left arm. Objective findings include tenderness, muscle spasm, guarding, and restricted range of motion on all planes of the cervical, left shoulder, and lumbar spine. A progress report, dated 12/05/2013, cited that a referral to [REDACTED] is necessary due to possible residual left glenohumeral loose body or other possible complications associated with the left shoulder surgery and chondroplasty. However, a separate orthopedic surgeon has already been evaluating the patient since December 2013; the need for additional surgeon is not clear. Furthermore, the request specified evaluation for the cervical and lumbar spine; however, the documented rationale is for consultation concerning the left shoulder. The medical necessity has not been established due to conflicting information. Therefore, the request for outpatient referral to orthopedist ([REDACTED]) for the cervical and lumbar spine is not medically necessary.