

<b>Case Number:</b>	CM14-0008427		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 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:

This is a 41-year-old female with an 11/20/09 date of injury to her low back after lifting a child. She apparently had abnormal plain films and an MRI of the lumbar spine, which were abnormal (report not available for review). A progress report dated 12/13/13 stated the patient was being followed for low back pain, which was gradually worsening. The pain was noted to radiate to the lateral aspect of the right leg to the foot. She received trigger point injections. Exam findings revealed decreased sensation in the right L4/L5 and S1 dermatomes as well as increased pain. Strength was noted to be normal. It is noted that the patient was being referred for possible lumbar surgery. Treatment to date: epidurals, medications, acupuncture, trigger point injections, HEP, H wave unit, physical therapy, TENS unit, chiropractic therapy, bilateral facet blocks at L3/4, L4/5, and L5/S1. A UR decision dated 12/19/13 denied the claim given there was no evidence of motor weakness in the lower extremities, and there is no evidence of instability in the L spine which is required for a fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION LUMBAR SPINE:** Upheld

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

**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 (pp 127, 156).

**Decision rationale:** The California MTUS guidelines indicate 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. This request is for a consult for the L spine, which is unclear. Apparently the injured worker is being referred for surgery for the L spine, but the request is not for referral to a spine surgeon or an orthopedic surgeon. The rationale for the request is unclear as possible surgery was discussed for the L spine but not the exact nature of the surgery. Thus the request for a consultation of the lumbar spine was not medically necessary.