

<b>Case Number:</b>	CM14-0120969		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/27/1997
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Internal 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 injured worker is a 65 year old female who reported an injury to her low back. The utilization review dated 07/31/14 resulted in a denial for a consultation with a spine specialist as insufficient information had been submitted regarding the injured worker's objective clinical findings likely to benefit with a consultation. The agreed medical examination dated 02/19/14 indicates the injured worker having complaints of low back, neck, bilateral wrist, bilateral knee, bilateral shoulder, and bilateral elbow complaints. The note indicates the injured worker having undergone physical therapy addressing the right knee complaints. There is an indication the injured worker had previously undergone a surgical intervention at the right knee which did alleviate the pain. The injured worker stated that she was unable to lift a 2 gallon jug of milk at any one time. The injured worker had been recommended for home health care in October of 2012. There is an indication the injured worker has undergone physical therapy throughout January of 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a spine specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**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) IME and Consultations, Page 503

**Decision rationale:** The request for a consultation with a spine specialist is non-certified. The documentation indicates the injured worker complaining of pain at numerous sites. A consultation is indicated in order to provide a diagnosis, prognosis, therapeutic management, and determination of medical stability. There is an indication the injured worker has continued to complain of pain at several sites. However, no objective data was submitted regarding the injured worker's functional deficits associated with the spinal complaints. Additionally, it is unclear if the injured worker is headed towards a surgical intervention as no imaging studies were submitted for review. Given these factors, the request is not indicated as medically necessary.