

<b>Case Number:</b>	CM14-0185522		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/18/1991
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Physical Medicine & Rehabilitation 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 58-year-old male who reported an injury on 07/18/1991. The mechanism was not provided. There were diagnoses of back pain, lower extremity dysfunction, muscle spasticity, lower extremity weakness, and stiff man syndrome. Past medical treatment has included surgery, medications, psychiatry therapy, and multiple nerve blocks. The injured worker underwent fusion at L2-3 and L3-4; date was not provided. The injured worker has chronic back pain status post 5 back surgeries with the last surgery in 11/2012. The physical examination revealed manual muscle testing bilateral upper extremity 4/5, bilateral lower extremity 3/5 to 4/5. The injured worker self-propels a manual wheelchair. Medications included baclofen intrathecal. In regard to office visit 07/21/2014, it was noted 50% of the injured worker's current disability may be due to the injured workers' previous work injuries, and 50% is more likely due to his diagnosis of stiff person syndrome. The injured worker continues to follow up with psychiatry therapy. The treatment plan is for 1 consult at [REDACTED]. The rationale for the request was not provided. The request for authorization was submitted on 10/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 consult at [REDACTED]: 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 6, page 163

**Decision rationale:** The request for 1 consult at [REDACTED] is not medically necessary. The injured worker has chronic lower back pain and muscle spasms. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The injured worker is under care with four other specialist. There was no clear rationale to support the consultation. Therefore the request for 1 consult at [REDACTED] is not medically necessary.