

<b>Case Number:</b>	CM14-0021406		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, has a subspecialty in Spine 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:

The patient complains of back pain and neck pain after work related injury. The neck pain radiates to his upper extremities. He also complains of muscle spasms. Reports a low back pain radiates to his lower extremities. He also has daily headaches. Physical examination neck shows paraspinal muscle tenderness. There is decreased range of motion of the neck. Neck pain is increased motion. There is no evidence of upper extremity radiculopathy on physical examination. Physical examination neck reveals lumbar spine spasm and decreased range of motion. Her trigger points on the left side. Sensory exam shows sensitivity to light touch of L4-S1 dermatome on the left. Straight leg raising is positive at 70 on the left side. MRI the cervical spine shows multiple levels of disc degeneration with mild to moderate foraminal narrowing at C4-5 and C6-7. MRI lumbar spine shows L4-5 and L5-S1 degenerative changes with mild canal stenosis. There is also minimal foraminal narrowing at L3-4 and L2-3. Patient is diagnosed with cervical lumbar disc degeneration. At issue is whether spine consultation is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC SPINE SURGEON EVALUATION/CONSULTATION LUMBAR SPINE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ON THE OTHER MEDICAL TREATMENT

GUIDELINE OR MEDICAL EVIDENCE: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS: CHAPTER 7- REFERRALS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ON THE OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS: CHAPTER 7- REFERRALS.

**Decision rationale:** Medical records indicate that this patient has chronic neck and back pain. The patient has had extensive imaging studies to include MRI of his cervical lumbar regions. The imaging studies do not show any evidence of instability, fracture, or severe neurologic impingement. The patient's cervical lumbar MRI shows multiple levels of disc degeneration without severe stenosis or instability. The medical records also indicate that the patient has not exhausted conservative measures for treatment of multilevel degenerative back pain. More conservative measures should be attempted at this time. There is no role for surgical management at this time. Medical records indicate that the patient does not have any surgical lesion. The medical records do not indicate that the patient has degenerative back and neck pain but should be managed with conservative measures. Conservative measures should be attempted with the patient's primary care physician. There is no medical necessity for consultation orthopedic spine position.