

<b>Case Number:</b>	CM14-0032803		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 52-year-old female who reported an injury on 08/15/2011, due to a lifting. The injured worker complained of low back pain radiating down to her lower extremities, right greater than the left. On 03/17/2014, the physical examination revealed that the patient walked with an antalgic gait favoring the right lower extremity. There was positive tenderness and spasms on palpation of the lumbar spine. She had decreased range of motion of the lumbar spine with flexion at 40 degrees, extension 20 degrees, and right and left lateral bend at 20 degrees. Her sensory examination was intact from the left side and decreased on the right to light touch, pinprick, and proprioception. The x-rays taken on 03/17/2014 showed moderate degenerative disc disease at L4-5 and grade I spondylolisthesis at L3-4. An MRI of the lumbar spine was taken on 07/16/2013, and it showed a 4 to 5 mm disc herniation at L4-5, causing spinal canal narrowing and right greater than the left neural foraminal narrowing; and L3-4 shows spondylolisthesis with spinal canal narrowing. The documentation provided did not list the injured worker's current diagnoses. The past treatment included physical therapy, massage treatments, and an epidural injection. The injured worker was on hydrocodone. The current treatment plan is for a consult with spine specialist. The rationale and Request for Authorization form were not submitted for review.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

**Decision rationale:** The injured worker has a history of severe low back pain. The Official Disability Guidelines indicate that consultations are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The consultation request is within the guideline recommendations based on documentation of persistent symptoms and neurological deficits. Given the above, the request for consult with spine specialist is medically necessary.