

<b>Case Number:</b>	CM14-0036327		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/13/2000
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Neurological 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 71-year-old who was reportedly injured on September 13, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 10, 2014, indicates that there were ongoing complaints of low back pain radiating to both legs left greater than right. The physical examination demonstrated range of motion of the lumbar spine was decreased. There was tenderness. No recent diagnostic studies were available for review. There was mention of a magnetic resonance image of the lumbar spine from 2011, but official port was unavailable for review. Previous treatment included medications, but none were listed at this time other than Tylenol, physical therapy, aquatic therapy, epidural steroid injections, chiropractic treatment and acupuncture. A request had been made for a decision for prospective request 1 consultation with surgeon regarding the lumbar spine, as an outpatient (referring physician to verify with adjuster that consultant is in the provider network) and was not certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A consultation with surgeon regarding the lumbar spine, as an outpatient:** 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): ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** After review of the medical records for the 71-year-old injured worker, it was noted in the subjective portion of the note that the injured worker continued to have chronic low back pain and radiating pain to lower extremities. However, there was no objective clinical documentation in the physical exam section warranting the requested referral. The injured worker's current treatment regimen consisted of over-the-counter Tylenol. The request for a consultation with surgeon regarding the lumbar spine, as an outpatient, is not medically necessary or appropriate.