

<b>Case Number:</b>	CM14-0080143		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 and 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 37-year-old male who reported an injury on 10/13/2004. The mechanism of injury was not stated. The current diagnoses include cervical spine sprain, lumbar spine sprain, and right wrist carpal tunnel syndrome with ganglion cyst. The latest Physician Progress Report submitted for this review is documented on 04/29/2014. The injured worker presented with ongoing pain in the neck and lower back. Previous conservative treatment includes rest and over-the-counter anti-inflammatory medication. It is also noted that the injured worker underwent electrodiagnostic studies on 05/28/2014 which indicated chronic bilateral L5 radiculopathy. The current medication regimen includes Advil. The physical examination revealed tenderness to palpation over the right lumbar paravertebral muscles, right sacroiliac joint tenderness, left sciatic notch pain, 2+ deep tendon reflexes, intact sensation, positive straight leg raise bilaterally, and normal motor strength. It is noted that the injured worker also underwent an MRI of the cervical spine on 03/05/2010, an MRI of the lumbar spine on 03/05/2010, and an MRI of the upper extremity on 01/20/2013. Treatment recommendations at that time included an MRI of the lumbar spine, a urine drug test, and prescriptions for Norco, Relafen, and Axid. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an Orthopedic Spine Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of a significant clinical history or physical examination findings. There are no objective findings reported in the documentation submitted to support the need for a referral to an orthopedic specialist. As the medical necessity has not been established, the request is not medically necessary.