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| <b>Case Number:</b>   | CM14-0086385 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 09/09/1997 |
| <b>Decision Date:</b> | 11/05/2014   | <b>UR Denial Date:</b>       | 05/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured cumulatively leading up to 9/9/1997. He was diagnosed with low back pain with radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, lumbar spinal stenosis, and left knee pain. He was treated with surgery (left knee), acupuncture, lumbar steroid epidural injections, physical therapy, and medications, including chronic opioid use. On 11/18/13, the worker was seen by an orthopedic surgeon who recommended x-rays and a bone scan. Only the one appointment with the surgeon was approved and it was asked that the primary treating doctor order the bone scan, so it might be approved. On 5/19/2014, the worker was seen by his primary treating physician complaining of his left knee pain and low back pain, which has been chronic in nature for some time. He rated his pain level at 9/10 on the pain scale without medications and 6/10 with pain medications. Hesitantly the primary treating physician ordered the bone scan, not understanding why exactly it was ordered in the first place (nor was there any information to explain the reason in the notes provided for review). Also, a request was made for a return visit with the surgeon to discuss the results of the bone scan once it results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up appointment:** Upheld

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

**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), page127

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the request for follow-up with the orthopedic surgeon is primarily for the purpose of interpreting the bone scan and x-ray results and to discuss them with the worker in the appointment. Although this seems reasonable, the purpose of the imaging, particularly the bone scan, is not clear to the reviewer and seems unnecessary based on the documents available for review. This would make the follow-up visit with the surgeon also medically unnecessary.