

<b>Case Number:</b>	CM14-0189576		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Practice 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 60 year old female who was injured on 9/29/2012 as she pulled a bag off a carousel. She was diagnosed with lumbar facet joint syndrome, cervical pain, and lumbosacral radiculitis. She was treated with acupuncture, medications, and epidural injections. On 10/7/14, the worker was seen by his primary treating physician reporting cervical spine pain, thoracic spine pain, and lumbar spinal pain with recent ultrasound and CT scans showing bilateral renal calculi (other subjective complaints illegible). Physical findings revealed increased range of motion of the cervical and lumbar spines and tenderness (mostly illegible findings). She was then recommended to continue acupuncture, topical analgesics, have an internal medicine consultation, referral to neurosurgery, and see orthopedic physician for follow-up for cervical, thoracic, and lumbar spinal conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic follow-up visit cervical, thoracic, and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

**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), Chapter 7, page 127

**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, there was no subjective or objective finding found in the documents provided for review which suggested a change in the worker's condition which required further analysis and treatment from an orthopedic specialist. There was also no discussion of any potential procedure which would be appropriate for a specialist to perform. Therefore, without a reasonable indication/purpose found in the documentation provided for review for the referral back to the orthopedic physician, it will be considered medically unnecessary.