

<b>Case Number:</b>	CM14-0205939		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehab 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 patient is a 59 year old male with date of injury 03/11/11. The treating physician report dated 10/01/14 (28) indicates that the patient presents with pain affecting his lower back with numbness in the left foot. The physical examination findings reveal lumbar spine tenderness to palpation. Prior treatment history includes lumbar spine decompression and fusion in 2012, bone growth stimulator after surgery, physical therapy, X-Rays, MRIs, ultrasounds, and medication. MRI findings reveal postsurgical changes at L4-5 & L5-S1, L2-3 mild disc height loss with a 2-3mm disc osteophyte and mild to moderate left/right neural foraminal stenosis, L3-4 mild disc height loss with 5mm spinal canal stenosis, L4-5 moderate disc height loss with 2-3mm disc osteophyte, and L5-S1 show a 2-3mm disc osteophyte with moderate right neural foraminal stenosis. The patient did have abdominal pain in 2012 but an ultrasound of the pelvis/abdomen was normal. The current diagnoses are: 1. Failed Back Syndrome 2. Postlaminectomy syndrome, lumbar region 3. Lumbago 4. Radiculopathy The utilization review report dated 11/13/14 denied the request for Referral to an internist based on ACOEM guidelines not being met (15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to an internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Independent Medical Examiners and Consultations, page(s) 127 Chapter 7

**Decision rationale:** The patient presents with pain affecting his lower back with numbness in the left foot. The current request is for referral to an internist. The treating physician states that the patient is having worsening lower back pain since surgery. ACOEM Practice Guidelines state the following: "The occupational health practitioner may refer to other specialists 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." ACOEM guidelines further state that a referral to a specialist is recommended to aid in complex issues. In this case, on the 08/20/14, report which was submitted with the RFA, the treating physician has not documented why this referral is needed or what symptoms the patient was having that would warrant this referral. The request is not medically necessary.