

<b>Case Number:</b>	CM14-0208542		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/16/2011
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old male with a 1/16/11 date of injury. The UR decision dated 11/19/14 refers to a progress note dated 11/6/14, which was not provided for review. According to the progress report dated 11/6/14, the patient underwent an MRI scan of the lumbar spine. He was also approved for a consultation of the right foot and referral to an orthopedic specialist for the lumbar spine. Objective findings: painful cervical and lumbar spine range of motion, cervical MRI dated 1/28/14 revealed multilevel disc desiccation with moderate to severe disc bulges, lumbar MRI study dated 10/8/14 revealed multilevel degenerative disc disease and disc osteophyte complexes. Diagnostic impression: Treatment to date: medication management, activity modification, physical therapy, chiropractic care, surgery. A UR decision dated 11/19/14 denied the request for consultation with an orthopedic specialist for the cervical and lumbar spine. The submitted documentation noted that the claimant was approved for a referral to orthopedic specialist for the lumbar spine. Without the result of the previously approved consultation, medical necessity is not evident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an orthopedic specialist (for evaluation and treatment of cervical and lumbar spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156.

**Decision rationale:** CA MTUS states that consultations are recommended, and a 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. However, in the present case, it is noted that this patient was approved for a consultation with an orthopedic specialist for the lumbar spine. It is unclear if he has had this consultation yet and there is no rationale provided as to why he would require another consultation at this time. Therefore, the request for Consultation with an orthopedic specialist (for evaluation and treatment of cervical and lumbar spine) was not medically necessary.