

<b>Case Number:</b>	CM14-0020446		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/20/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 71-year-old female, who sustained an industrial injury reported on 11/20/2000. She reported chronic, daily low back pain and stiffness. The diagnoses were noted to include chronic low back pain; lumbago. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be that the IW was returned to work, and on full duty on 10/7/2013. As per the 2/3/2014 PR-2, this IW fell through a broken chair, onto her buttocks, and that this case has been settled, resulting in lifetime physical therapy for the low back; that physical therapy has been denied and is under appeal, and that an orthopedic consultation is recommended to evaluate chronic pain. On 2/11/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/7/2014, for an orthopedic lumbar spine consultation, for chronic pain. This request was noted denied due to no objective physical examination findings, past treatments, previous evaluations, and no imaging studies presented for review. The Medical Treatment Utilization Schedule and the American College of Occupational and Environmental Medicine Guidelines, low back, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC CONSULTATION FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In addition, and according to MTUS guidelines, and in the chapter of knee complaints, referral for surgical consultation may be indicated in case of activity limitation for more than one month, and failure for exercise programs to increase range of motion. There is no documentation that the patient failed exercise programs or activity limitation for more than one month. There is no documentation that the patient response to pain therapy falls outside the expected range. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. Therefore, the request for orthopedic consult for lumbar spine is not medically necessary at this time.