

<b>Case Number:</b>	CM14-0218372		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 39-year-old female, who sustained an industrial injury on January 13, 2011. The diagnoses have included status post L4-5 posterior spinal fusion with decompression on July 27, 2013. Treatment to date has included posterior spinal fusion with decompression, pain medications and home exercise program. Currently, the injured worker complains of persistent low back pain. In a progress note dated November 24, 2014, the treating provider reports tender lumbar paraspinals and decreased range of motion. On December 9, 2014 Utilization Review non-certified a follow up ORN, and range of motion, noting, Official Disability Guidelines and Dopf CA, Mandel SS, Geiger DF, Mayer PJ, Spin 1995 Jan 15;20(2):252-3 was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up ORN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 171.

**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 surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." The provider reported did not document lack of pain and functional improvement that require referral a follow up visit. The requesting physician did not provide a documentation supporting the medical necessity for a follow up evaluation. The documentation did not include the reasons, the specific goals and end for using the expertise of a specialist for the patient pain. Therefore, the request for Follow up visit is not medically necessary.

**Range of motion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical study, Dopf CA, Mandel SS, Geiger DF, Mayer PJ, Spine. 1995 Jan 15; 20(2):252-3, National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 171.

**Decision rationale:** According to ODG guidelines, Range of Motion measurement is a basic part of musculoskeletal examination and should be routinely performed without the need for a specialist. There is no documentation that the patient range of motion study requires a special consultation. Therefore, the request is not medically necessary.