

<b>Case Number:</b>	CM15-0104795		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	09/07/1994
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 77 year old male, who sustained an industrial injury on September 7, 1994, incurring low back injuries. In 1996, he underwent three lumbar surgeries. Treatment included topical analgesic patches, pain medications, topical analgesic gel, transcutaneous electrical stimulation unit, home exercise program, and work restrictions. Currently, the injured worker complained of chronic low back pain radiating to bilateral lower extremities down into his ankles aggravated with activities and ambulation. Upon examination, it was noted he had limited range of motion and lumbar spinal tenderness. The treatment plan that was requested for authorization included a consultation for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, consultation for the low back is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. The evidence-based guidelines indicate that patients with evidence of severe spinal disease or severe debilitating symptoms that fail conservative therapy after 4 to 6 months with physiologic evidence of specific nerve root compromise, such as neuropathy or radiculopathy, confirmed by appropriate imaging studies, they can be expected to benefit from surgery. In the presence of red flags, which raised suspicion of serious underlying medical conditions, referral to another provider for a second opinion or assistance special needs is recommended. In this case, the injured worker's working diagnosis is chronic low back pain secondary to work related injury status post lumbar spine surgery 1996 by [REDACTED], worsening low back pain with radiation to the bilateral ankles. Subjectively, according to April 28, 2015 progress note, the injured worker complains of 8/10 low back pain at the surgical site with radiation to the bilateral ankles. Pain is worse with ambulation. Each worker ambulates without an assistive device. Objectively, there is tenderness palpation over the paraspinal muscle region L4, L5 and S1. Sensation and motor strength are normal. There are no pathological reflexes and straight leg raising was negative. There are no red flags documented in the medical record. There are no objective findings of radiculopathy in the medical record. There are no recent conservative modalities such as physical therapy documented in the medical record with surgery having been performed in 1996. There are no severe debilitating comorbidities documented in the medical record. Consequently, absent clinical documentation with red flags, objective findings of radiculopathy and recent conservative modalities and severe debilitating comorbid conditions, consultation for the low back is not medically necessary.