

<b>Case Number:</b>	CM15-0106988		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	08/08/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female sustained an industrial injury on 8/8/10. She subsequently reported back pain. Diagnoses include lumbar radiculopathy, postlaminectomy syndrome of the lumbar region and lumbago. Treatments to date include x-ray and MRI testing, back surgery, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder, mid spine, low back, bilateral hand and right leg pain. Upon examination, there was tenderness of the lumbar spine paravertebral muscles bilaterally. There was equivocal straight leg raise on the left. There was antalgic gait and motor testing was limited by pain. A request for Follow-up consult (unspecified specialty) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up consult (unspecified specialty):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consult Page 127.

**Decision rationale:** ACOEM recommends consultation with another medical practitioner if such consultation can help guide a patient's diagnosis or treatment. However, in this case the specialty of the requested consultant has not been specified. It is not possible to apply a guideline without this clarifying detail. Therefore, this request is not medically necessary.