

<b>Case Number:</b>	CM15-0133703		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, Hawaii

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:

The injured worker was a 62 year old male, who sustained an industrial injury, September 4, 2009. The injury was sustained when the injured worker fell 16 feet. The injured worker suffers for headaches, neck pain, upper back pain, bilateral shoulder pain, lower back pain, radiating down the left leg and left inguinal hernia. The injured worker previously received the following treatments brain MRI, acupuncture, pain management, neurology for headaches, physical therapy, home exercise program, Topamax, Ambien, Vicodin, cervical spine MRI which showed moderate diffuse degenerative disc and joint disease and lumbar spine MRI which showed mild disc degeneration at L3-L4 with 3mm disc protrusion, mild disc degeneration at L4-L5 with mild-moderate bilateral facet degenerative changes and 3mm disc bulge. The injured worker was diagnosed with bilateral shoulder impingement, cervical pain with radicular symptoms, thoracic strain rule out T11 fracture, lumbar strain with L5 radiculopathy, left chest injury, degenerative disc disease cervical and lumbar spine with chronic neck, mid and lower back pain and degenerative instability of L4-L5, lumbago, rotator cuff syndrome, neuralgia neuritis/radiculitis, neck sprain/strain, thoracic region strain/sprain and lumbar region strain/sprain. According to progress note of April 27, 2015, the injured worker's chief complaint was pain in the big toes, back pain with radiation into the left leg, headaches, bilateral shoulder impingement and neck pain. There was tenderness in the neck and the upper back with mild spasms. The active range of motion of the neck was 75% of normal with pain at the extremes of motion. The axial and foraminal compression testing caused pain rating to the trapezius bilaterally. There was full range of motion to the bilateral shoulders. There was tenderness in the trapezius and shoulder

blades. There was tenderness in the lumbar spine with moderate spasms. The range of motion of the lumbar spine was 50% of normal. The treatment plan included a consultation with spinal surgery, consultation with psychiatry and consultation with pain management.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with spine surgery:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

**Decision rationale:** The patient presents with pain affecting the head, neck, upper back, bilateral shoulders, and low back with radiation down the left leg. The current request is for Consultation with spine surgery. The requesting treating physician report was not found in the documents provided. A report dated 4/27/15 (16B) states, "I am discontinuing my Workers' Compensation treatment practice as a [sic] May 1, 2015. The patient will need transfer of care to a different primary treating physician. I would suggest transfer of care to pain management." The report goes on to state, "Decision-making of moderate complexity occurred discussing his medication with a [sic] and other treatment." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational 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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided, show the primary treating physician specializes in orthopaedic surgery. In this case, the patient's primary treating physician who is an orthopaedic surgeon, is discontinuing his Workers' Compensation practice and therefore a consult with another physician who specializes in spine surgery is being requested. Furthermore, the patient's situation is moderately complex and requires additional expertise from another health care provider. The current request is medically necessary.

**Consultation with psychiatry:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

**Decision rationale:** The patient presents with pain affecting the head, neck, upper back, bilateral shoulders, and low back with radiation down the left leg. The current request is for Consultation with psychiatry. The requesting treating physician report was not found in the documents provided. A report dated 4/27/15 (16B) states, "I am discontinuing my Workers' Compensation treatment practice as a [sic] May 1, 2015. The patient will need transfer of care to a different primary treating physician. I would suggest transfer of care to pain management." The report goes on to state, "Decision-making of moderate complexity occurred discussing his medication with a [sic] and other treatment." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational 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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided, show the primary treating physician specializes in orthopaedic surgery. In this case, the patient presents with depression as noted in the report dated 4/27/15 (13B) which states, in a summary of the patient's visit on 5/30/14, "He has chronic pain and has developed depression." Furthermore, the patient's primary treating physician who is an orthopaedic surgeon, is discontinuing his Workers' Compensation practice and therefore a consult with another physician who specializes in psychiatry is being requested. Additionally, the patient's situation is moderately complex and requires additional expertise from multiple health practitioners. The current request is medically necessary.

**Consultation with pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

**Decision rationale:** The patient presents with pain affecting the head, neck, upper back, bilateral shoulders, and low back with radiation down the left leg. The current request is for Consultation with pain management. The requesting treating physician report was not found in the documents provided. A report dated 4/27/15 (16B) states, "I am discontinuing my Workers' Compensation treatment practice as a [sic] May 1, 2015. The patient will need transfer of care to a different primary treating physician. I would suggest transfer of care to pain management." The report goes on to state, "Decision-making of moderate complexity occurred discussing his medication with a [sic] and other treatment." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational 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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided, show the primary treating physician specializes in orthopaedic surgery. In this case, the patient's primary treating physician who is an orthopaedic surgeon is discontinuing his Workers' Compensation practice and therefore a consult with another physician who specializes in pain management is

being requested. Furthermore, the treating physician has recommended that the patient's primary care be transferred to pain management. Additionally, the patient's situation is moderately complex and requires additional expertise from multiple health practitioners. The current request is medically necessary.