

<b>Case Number:</b>	CM15-0134881		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 65 year old man sustained an industrial injury on 11/20/2007 after falling on the floor due to a sliding chair. Diagnoses include chronic pain syndrome, lumbosacral spondylosis without myelopathy, thoracic and lumbosacral neuritis or radiculitis, pain disorder related to psychological factors, myalgia or myositis, cervicalgia, pain in joint of upper arm, pain in joint of shoulder, and sleep disturbance. Treatment has included oral medications. Physician notes on a PR-2 dated 6/19/2015 show complaints of diffuse neck pain, left shoulder pain, and low back pain with radiation to the right lower extremity. Recommendations include laser spine specialist consultation, pain management consultation, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with spine specialist for lumbar pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-1, 12-2 and 12-3 and Pages 305-306.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with occupational low back complaints. In the assessment of a patient, clinicians should document the presence of a red flag condition which might represent a serious underlying condition. These red flag symptoms are described in Table 12-1. In this case, there is no documentation to support the presence of a red flag symptom. It is also expected that there be a physical examination performed to assess for the presence of lumbosacral nerve dysfunction. The symptoms of nerve root compromise are presented in Table 12-2 and the physical examination findings of nerve root dysfunction are presented in Table 12-3. In this case, there is no documentation to support the presence of lumbosacral nerve root dysfunction that would require evaluation by a surgical spine specialist. The MTUS/ACOEM guidelines for surgical consultation are as follows: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. In summary, there is no evidence that the patient meets any of the above-cited criteria for a surgical assessment of his low back complaint. For this reason, referral to a spine specialist is not medically necessary.