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| <b>Case Number:</b>   | CM15-0137716 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 11/05/2014 |
| <b>Decision Date:</b> | 08/24/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old female sustained an industrial injury to the neck and low back on 11/5/14. Previous treatment included physical therapy and medications. Documentation did not disclose magnetic resonance imaging. In a PR-2 dated 6/23/15, the injured worker reported having no improvement in chronic neck, upper back and shoulder pain rated 8-9/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation to the right paraspinal musculature and trapezius with crepitus and decreased range of motion, lumbar spine with tenderness to palpation to the bilateral paraspinal musculature and bilateral sciatic notch with muscle spasms and decreased and painful range of motion and thoracic spine with decreased and painful range of motion. Upper and lower extremity neurologic exam was intact. The injured worker walked with a limp. Current diagnoses included chronic back pain, cervical spine sprain/strain and neck pain. The treatment plan included an orthopedic specialist referral and a pain management referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an Orthopedic Specialist for bilateral lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for Consultation with an Orthopedic Specialist for bilateral lumbar spine, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. Additionally, there is no documentation that the physician has tried to address these issues prior to considering a referral. It appears that further conservative treatment options are available as the patient is concurrently being referred to pain management. As such, surgery would not be indicated at the current time. Therefore, the currently requested Consultation with an Orthopedic Specialist for bilateral lumbar spine is not medically necessary.