

<b>Case Number:</b>	CM15-0143095		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male, who sustained an industrial injury on 7-25-2011. He reported back pain. Diagnoses have included lumbar intervertebral disk (IVD) disorder with myelopathy, cervical intervertebral disk (IVD) disorder with myelopathy, sciatica and cervical fusion. Treatment to date has included physical therapy, surgery, epidural injection, acupuncture, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6- 22-2015, the injured worker complained of pain in his lumbar area, sacroiliac area, left leg, right leg, right shoulder, right arm and cervical region. He rated his current pain as eight out of ten. The injured worker felt better with pain medications and rest. The injured worker had very limited movement and required the use of a cane for balance. Exam of the lumbar region revealed tenderness to palpation. Straight leg raise was positive bilaterally. Lumbar range of motion was reduced. Authorization was requested for consultation to a spine specialist for lumbar spine symptoms as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation to a spine specialist for lumbar spine symptoms as outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, PAGE 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office Visits.

**Decision rationale:** Consultation to a spine specialist for lumbar spine symptoms as outpatient is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a spine specialist consultation for the low back. The documentation does not reveal physical exam red flag findings or progressive neurologic deficits. It is not clear what conservative measures have been attempted. This request is not medically necessary.