

<b>Case Number:</b>	CM15-0143392		
<b>Date Assigned:</b>	08/17/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/23/2015
<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: 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:

The injured worker is a 59-year-old male, who sustained an industrial injury on 9-14-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbago, lumbar radiculopathy and post lumbar laminectomy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5- 15-2015, the injured worker complains of low back pain and as a follow up on Gabapentin. Physical examination showed pain on palpation of the right iliac crest and decreased sensory sensation at lumbar 5-sacral 1. The treating physician is requesting Consultation and evaluation with an abdominal aortic aneurysm specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and evaluation with an abdominal aortic aneurysm specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The patient presents with low back pain. The request is for CONSULTATION AND EVALUATION WITH AN ABDOMINAL AORTIC ANEURISM SPECIALIST. The request for authorization is dated 07/10/15. MRI of the lumbar spine, 08/15/13, shows no evidence of spinal stenosis; bilateral neural foraminal narrowing most advanced at L2-L3 on the right. Physical examination reveals pain upon palpation over the right iliac crest. Motor 4/5 decreased lumbar on the right. Sensory decreased L5 and S1. Per the progress report dated 05/15/15, the patient is to remain off-work. 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 " Per progress report dated 05/15/15, treater's reason for the request is "to evaluate his aneurysm. The aneurysm is work related." Per progress report dated 04/23/15, treater states, "This is interfering with possible back surgery." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Consultation and Evaluation with an Abdominal Aortic Aneurism Specialist. Given the patient's condition, the request for a Consultation and Evaluation appears reasonable. Therefore, the request IS medically necessary.