

<b>Case Number:</b>	CM15-0162621		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/18/1994
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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:

The injured worker is a 53 year old female who sustained an industrial injury on 7-18-94. The mechanism of injury was unclear. She currently complains of lower back pain radiating to the right lower extremity with numbness and a pain level of 7 out of 10 with medication and 10 out of 10 without medication; intermittent neck pain radiating to bilateral upper extremities with tingling; sleep disturbance. On physical exam of the lumbar spine there was tenderness on palpation. Medications were Norco, docusate sodium, Fentanyl patch, Lidocaine patch, Miralax, tizanidine, trazadone, Wal-Zan. Medications improve activities of daily living. Diagnoses include degeneration of the cervical intervertebral disc; chronic pain syndrome; knee pain; degeneration of lumbar intervertebral disc; shoulder joint pain. Treatments to date include pain management. Diagnostics include MRI of the lumbar spine that showed herniated disc with recommendation for surgery (per injured worker, 6-22-15 note), severe stenosis at L3-4 on the left, L4-5, impingement of the L4 nerve root.; MRI of cervical spine shows herniation at C5-6 with narrowing of the C6 nerve root canal; thoracic MRI was unremarkable. On 7-29-15 utilization review evaluated a request for consult with a spine specialist for the lumbar spine per 7-16-15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a spine specialist, lumbar spine per 7/16/15 order Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS ACOEM 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for spine surgeon consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the documentation available for review, the patient has disc herniations in the lumbar and cervical spine. The notes do indicate that an orthopedist is already following the patient. There is a medical need for spine consultation. The UR determination had raised an objection as to whether the worker is seeking care at another orthopedist's office. But it is also reasonable to seek a second opinion from another spine surgeon in this case. This request is medically necessary.