

<b>Case Number:</b>	CM15-0195041		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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:

This injured worker is a 45 year old male who reported an industrial injury on 10-26-2012. His diagnoses, and or impressions, were noted to include: non-union of fracture; closed left scapular fracture; C5, 7 fractures; T5 compression fracture; fractures of 3 ribs; s/p left scapular fracture with open reduction internal fixation (8-2014). Recent electrodiagnostic studies were done on 7-6-2015, noting bilateral L5, S1 radiculopathy; MRIs of the left shoulder, left elbow & left wrist were said to have been done on 5-20-13, and CT of the cervical spine on 10-26-2012 & 12-3-2013, with a 3-D CT scan reconstruction of the left upper extremity on 5-19-2014. His treatments were noted to include: physical therapy (9-12, 2014); a comprehensive medical-legal evaluation on 12-9-2014; a home exercise program; back brace; medication management; and modified work duties, which were noted not available. The initial consult and treatment progress notes of 6-3-2015 reported: that he was present with his nurse case manager; low-med back pain and left shoulder pain, rated 3 out of 10; his low back pain, with numbness-tingling, went down the left leg; that his left shoulder pain started in the scapula and traveled to the front of the chest that a plate was put into his scapula and there was a fracture in the plate for which the Surgeon recommended. No more surgeries and to leave it as it was; of a fall that took a 4 day admission to stabilize before transfer to rehab for 3 days, and discharge home with a Miami J-brace for his neck. The objective findings were noted to include: no apparent distress; tenderness at the cervical 5-6 spinous process with decreased range-of-motion, positive bilateral Spurling's test; decreased upper extremity deep tendon reflexes. Lumbar spine showed tenderness, limited range, negative SLR and Faberes, positive left facet loading, motor strength of 5/5 throughout bilateral lower extremities except for gastoc/EHL with intact sensation throughout. The Nurse reported notes of 8-5-2015, monitoring of post-operative treatment; and that the action plan included following up

with provider office regarding submission of request for authorization for referral to a spine surgeon, because Depro-Medrol injections could delay bone healing and to know if it would be appropriate to give the steroid at that juncture in the recovery, or not. No Request for Authorization for a consultation with an orthopedic-spine specialist for the cervical, thoracic and lumbar spine was noted in the medical records provided. The Utilization Review of 9-8-2015 non-certified the request for a consultation with an orthopedic-spine specialist for the cervical, thoracic and lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Consultation with an Ortho-spine specialist, cervical / thoracic / lumbar spine Qty 1:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

**Decision rationale:** Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical findings with imaging correlation consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to further surgical intervention. Examination has no acute findings, new injury, or specific progressive neurological deficits to render surgical treatment nor is there any significant emergent surgical lesion or failed conservative care or complexity of case beyond the primary provider's care. The Consultation with an Ortho-spine specialist, cervical / thoracic / lumbar spine Qty 1 is not medically necessary and appropriate.