

<b>Case Number:</b>	CM15-0199747		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Massachusetts

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 was a 46 year old female, who sustained an industrial injury, May 19, 2014. The injured worker was undergoing treatment for cervical disc bulge, lumbar disc bulge, cervical radiculitis, thoracic discopathy and lumbar radiculopathy. According to progress note of July 24, 2015, the injured worker's chief complaint was neck, shoulder and lower back pain with numbness in both legs. The injured worker rated the pain 8-9 out of 10, depending on the activity. The injured worker was taken out of work on June 24, 2015 and the pain was increasing not decreasing. The objective findings noted associated muscle guarding over the areas with moderate tenderness over the bilateral sacroiliac joints. The straight leg raises were negative on the right and positive on the left with numbness and tingling in the L5-S1 dermatomal distribution. The injured worker previously received the following treatments the injured worker had failed non-operative treatment of rest, ice, physical therapy, massage therapy, according to the progress note of July 10, 2015. On April 17, 2015, the injured worker received a lateral branch block at levels, S1, S2, S3 and S4 and on May 21, 2015, the injured worker reported gradual improvement. The RFA (request for authorization) dated July 24, 2015; the following treatments were requested a consultation and treatment with [REDACTED], Spinal Surgeon, for the lumbar spine. The UR (utilization review board) denied certification on September 14, 2015, for the consultation and treatment with [REDACTED], Spinal Surgeon, for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and treatment with spine surgeon, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in May 2014 when she was struck by a construction gait causing back pain. When seen, she was not improving and was complaining of neck, low back, and right shoulder pain with bilateral lower extremity numbness. Pain was rated at 8-9/10. She had been out of work for one month. Physical examination findings included cervical and lumbar tenderness. There was trapezius muscle tenderness. Cervical compression and shoulder depression tests were positive. There was a lumbar muscle guarding. She had moderate bilateral sacroiliac joint tenderness. There was decreased left lower extremity sensation. There was limited left shoulder range of motion with positive impingement testing. There was right shoulder tenderness with positive supraspinatus testing and decreased strength. The claimant's body mass index is nearly 47. Authorization was requested for a spine surgery consultation for possible injections and/or surgical consideration. The request for authorization that was submitted was for consultation and treatment. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing and worsening severe pain. Surgery or other care might be an option in her treatment and requesting a surgical evaluation is medically necessary. However, without the results of that evaluation, authorization for subsequent treatments cannot be approved and the requesting provider is continuing as the PTP. Therefore, the request that was submitted is not considered medically necessary.