

<b>Case Number:</b>	CM15-0201365		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 12-2-10. The injured worker was diagnosed as having right shoulder pain rotator cuff syndrome; left shoulder impingement syndrome; lumbar spine myoligamentous sprain-strain; lumbar spine degenerative disc disease. Treatment to date has included status post anterior cervical discectomy fusion C5-6 (no date); status post right shoulder arthroscopy, subacromial decompression, distal clavicle excision, lysis of adhesions-open rotator cuff repair (no date); physical therapy; medications. Currently, the PR-2 notes dated 9-10-15 indicated the injured worker is in the office for a follow-up examination of his right shoulder. He reports that he has felt the same since the last visit. The provider documents "On a scale of 1 to 10, with 10 being most severe pain imaginable, the pain is characteristically rated as a 3." Objective findings are noted by the provider as "has weakness to external rotation of his right shoulder, as well as complaints of persistent pain to the lumbar spine. X-rays of the right shoulder (two views) and right humerus (two views) show no increase of osteoarthritis." The provider's treatment plan notes "On examination today, the patient remains with progressive symptoms of the lumbar spine. Therefore, I am requesting authorization to evaluate the patient's lumbar spine on an industrial basis. He is instructed to do heat and ice contrast therapy to help with symptoms" and will see him back in 6 weeks. The injured worker is a status post anterior cervical discectomy fusion C5-6 (no date); status post right shoulder arthroscopy, subacromial decompression, distal clavicle excision, lysis of adhesions-open rotator cuff repair (no date) per PR-2 note 8-19-15. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-23-15 and non-

certification for Consultation with spine specialist for the lumbar spine. A request for authorization has been received for Consultation with spine specialist 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 with spine specialist for the lumbar spine:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had cervical surgery a year ago. The claimant saw an orthopedic surgeon in August 2015 and did not find any acute neurological changes. The claimant also had some improved neck symptoms. There was no indication for surgery or intervention and the request is not medically necessary.