

<b>Case Number:</b>	CM15-0021406		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 52 year old female, who sustained a work industrial injury on 11/26/14 when she twisted her back reaching for a box. She has reported symptoms of discomfort on the right side of her back with radiation of pain and numbness into the right lower extremity along with urinary incontinence. There was numbness in the third, fourth, and fifth toes of the right foot. Prior medical history included hypothyroidism. The diagnoses have included thoracic spine sprain/spasm with underlying herniated disc and lumbosacral sprain/strain with underlying herniated disc. Treatments to date included medication, physical therapy, modified duty, and home stretching exercises. Examination noted tenderness to palpation along the mid-thoracic spine on the right. There was some spasm noted in that area. Flexion to 60 degrees with discomfort, extension was 5-10 degrees with discomfort. Straight leg raise test was positive on the left and on the right. Deep tendon reflexes were 2+/4 on the lower extremities. There was decreased sensation to touch along the third, fourth, and fifth toes on the right foot. On 1/13/15, Utilization Review modified an Ortho Evaluation and Assumption of Treatment for the thoracic/lumbar spine to orthopedic consultation only, noting the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHO EVALUATION AND ASSUMPTION OF TREATMENT FOR THE THORACIC /LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs an ortho evaluation and treatment as per MTUS criteria. There is no clear documentation that the patient had delayed recovery or a medical program and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of an internal medicine specialist. The treatment cannot be predetermined before performing consultation. Therefore, the request for ORTHO EVALUATION AND ASSUMPTION OF TREATMENT FOR THE THORACIC /LUMBAR SPINE is not medically necessary.