

<b>Case Number:</b>	CM15-0026761		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55-year-old male, who sustained an industrial injury on 10/19/12. He reported sharp back pain, pain down his right leg, and pain in the right knee. The injured worker was diagnosed as having lumbosacral strain with disc bulging, right wrist sprain, right knee patellofemoral chondromalacia, right ankle sprain with instability, right foot sprain with degenerative changes, and status post stress fracture of the right tibia and right fibula. Treatment to date has included chiropractic treatment. A physician's report dated 5/21/14 noted the injured worker had failed conservative care. A MRI performed on 2/7/14 revealed mild degenerative endplate changes in the lower lumbar spine with osteophyte formation, posterior bony spurring with degenerative disc disease, and facet hypertrophy. There was no spinal stenosis or neural foraminal stenosis at any level of the lumbar spine. Currently, the injured worker complains of pain in the right wrist, right knee, right ankle, low back, and right foot. The treating physician requested authorization for a consultation with a spine specialist. Rationale for the request was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with a spine specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing lower back pain and right foot pain. The documented pain assessments and examinations were minimal and did not include many of the elements encouraged by the Guidelines. Further, there was no discussion suggesting how a consultation with a spine specialist would be expected to improve the worker's function. In the absence of such evidence, the current request for a consultation with a spine specialist is not medically necessary.