

<b>Case Number:</b>	CM15-0218618		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	08/21/2015
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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:

The injured worker is a 45 year old male who sustained an industrial injury on 08-21-2015. Medical records indicated the worker was treated for low back pain radiating into the bilateral lower extremities. In the provider notes of 10-02-2015, the worker gives an incident history of tripping on stairs and falling face down on marble floors first landing on his head on impact then falling on the right side of his body causing pain into the thoracic and lumbar spine. His current complaint was of sharp dull aching pain that radiates into the bilateral lower extremities. Exacerbations occur all day daily with baseline of 8-9 out of 0-10. The pain is constant in nature. Activity intensifies the pain. Numbness, tingling, and burning sensation are felt in the upper and lower extremities with increased pain throughout the week. Treatments have included visits to primary care, medications and therapy. He is positive for headaches, and denies ear pain, infection, discharge, decreased or loss of hearing, sinus problems, recurrent throat problems, voice change or dental disease. On exam, the worker has Tinel's positive in the wrist. He flexes and extends the fingers with no difficulty. The forearms compartments are soft and compressible. There is diminished sensation in digits 1, 2, and 3. On examination of the lumbosacral spine, there is tenderness to palpation over the lumbar paraspinals and limited range of motion of the lumbar spine due to pain. Forward flexion is 20 degrees, Extension is 20 degrees, right and left lateral flexion and rotation are normal. Thoracic spine has tenderness to palpation over the thoracic paraspinals. Forward flexion is 20 degrees limited by pain. Neurologic function and sensory is intact. A request for authorization was submitted for ENT consultation (lumbar spine). A utilization review decision 10-26-2015 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT consultation (lumbar spine):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Office visit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents on 10/16/15 with a sharp, dull, aching, stabbing, burning pain over the whole body rated 9/10. The patient's date of injury is 08/21/15. The request is for ENT consultation (lumbar spine). The RFA is dated 10/02/15. Physical examination dated 10/16/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature, with limited cervical/thoracic/lumbar range of motion noted, tenderness to palpation of the bilateral wrists with positive Tinel's sign noted, and decreased sensation in the 1st through 3rd digits of the bilateral hands. The provider also notes "pressure behind the eyes." The patient's current medication regimen is not provided. Patient is currently advised to return to modified work ASAP. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In regard to the consultation with a ear, nose, and throat specialist, the referral is appropriate. Per progress note dated 10/16/15, the provider indicates that the requested consult is to address the persistent pressure behind the patient's eyes. While the provider is unclear on exactly what sort of physical examination findings lead to the conclusion "pressure behind the eyes", MTUS / ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could improve this patient's course of care. Therefore, the request IS medically necessary.