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| <b>Case Number:</b>   | CM15-0044310 |                              |            |
| <b>Date Assigned:</b> | 03/16/2015   | <b>Date of Injury:</b>       | 10/24/2007 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 03/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 71 year old male who sustained a work related injury, after a slip and fall, October 24, 2007. Past medical history includes diabetes. According to a physician's progress notes, dated February 17, 2015, the injured worker presented with pain in the right hand, right foot numbness, worsening the last two weeks, and lumbar spine pain. Current medications include Butrans patch and Norco for breakthrough pain. Diagnoses included numbness and tingling in right hand (primary encounter diagnosis); right carpal tunnel syndrome, low back pain radiating to right leg. Treatment plan included request authorization for EMG/NCS (electrodiagnostic/nerve conduction studies) right upper extremities with physician specialist referral, evaluate carpal tunnel syndrome right hand, MRI lumbar spine, and consultation with spine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgery consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, History and Physical Examination/Assessment Approaches.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. ACOEM Guidelines, Chapter 7, Page 127, state 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. It is noted the injury is from 2007, and there is subjective right foot numbness, and upper extremity symptoms. Objective spines of objective surgical pathology referable to the spine is not noted. Also, it is noted the provider is still doing diagnostic efforts in the form of electrodiagnostic studies, and so the need for surgical intervention is not yet established. This request for the consult therefore fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.