

<b>Case Number:</b>	CM15-0053934		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 35-year-old male who sustained an industrial injury on 6/10/08, relative to a slip and fall. He underwent L4-S1 decompression and 36-degree fusion on 6/3/11. The 10/28/14 initial treating orthopaedic surgeon report cited numbness and tingling of the lower back and both upper and lower extremities. He had intermittent to frequent non-radicular low back pain and right shoulder pain. There was mild to moderate loss of lumbar range of motion, and symmetric shoulder range of motion. Shoulder motion was flexion 135, extension 35, abduction 135, adduction 30, internal rotation 80, and external rotation 75 degrees with pain on the right side. Neurologic exam was within normal limits. The diagnosis was lumbar spine surgery and right shoulder strain. The treatment plan recommended physiotherapy, and pain medicine consultation. Additional testing was recommended due to prolonged complaints and radicular symptoms, including lumbar spine MRI, right shoulder MRI, upper and lower extremity electrodiagnostic studies, and x-rays of the right shoulder. The patient was to follow-up in one month. The 2/17/15 treating orthopaedic surgeon report documented ungraded low back and right shoulder pain. Physical exam findings were limited to normal sensory evaluation of the shoulder and hand. The diagnosis was lumbar spine surgery and right shoulder strain. The treatment plan recommended upper and lower extremity EMG, lumbar spine and right shoulder MRIs, lumbar spine and pelvis x-rays, follow-up with pain management, and follow-up with spine surgeon. The 3/6/15 utilization review non-certified the request for follow up consultation with orthopedics for the lumbar spine and shoulder as there was no clear understanding of the clinical course to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up consultation with orthopedics for the lumbar spine and shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Second Edition, (2004), Chapter 7, page 127, Consultation.

**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) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines do not specifically address the need for follow-up consultations. The ACOEM guidelines support referral to a specialist 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. Guideline criteria have not been met. The primary treating physician is an orthopaedic surgeon. There is no compelling rationale presented to support the medical necessity of evaluation with another orthopaedic surgeon. There is no proposed treatment plan that would be outside the primary treating physician's armamentarium. There are no clinical and or ancillary exam findings documented that support the medical necessity of this request. Therefore, this request is not medically necessary.