

<b>Case Number:</b>	CM15-0240515		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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: California, Massachusetts

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 30 year old female who sustained an industrial injury on 02-07-2014. According to a progress report dated 10-30-2015, the injured worker continued to have persistent left lower back and hip pain. Pain was rated 5 out of 10. She was feeling increased pain in the buttock area, radiating down the lateral left hip and thigh area and also into the posterior aspect of the hip and lower back. She felt tightness and stabbing pain. She was having difficulty walking due to the increasing pain level. She was wearing a sacroiliac joint belt that helped with pain and stabilization. There was tenderness noted to the lumbar paraspinal muscles, to the left posterior and superior aspects. There was increased tenderness to the left trochanteric bursa and tenderness to left piriformis muscle. Patrick's test was positive on the left. Leg length discrepancy was also noted. Sensory was normal in the bilateral lower extremities. Strength was 5 out of 5. Diagnoses included lumbar facetal pain, left sacroiliitis, left shoulder adhesive capsulitis, cervical sprain strain and cervical radiculopathy. The treatment plan included medications, triple block to the left hip consisting of steroid injection to the left sacroiliac joint trochanteric bursa and piriformis and pre-consultation appointment for injection. Follow up was indicated in four to five weeks. On 11-30-2015, Utilization Review non-certified the request for pre-consultation appointment with anesthesiologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-consultation appointment with anesthesiologist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** According to ACOEM guidelines, specialist referral is appropriate in order to "aid in the diagnosis, prognosis, management, determination..." of a patient. The requested "pre-consultation appointment with anesthesiologist" is an ambiguous referral and it was not specifically mentioned in the provided clinic record what was the clinical necessity of this referral and how it will aid in the management or diagnosis of the patient. Consequently without documented explanation of the clinical necessity and how it may alter management, the requested referral is not medically necessary at this time.