

<b>Case Number:</b>	CM14-0129243		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64 year-old female who was reportedly injured on July 11, 2014. The mechanism of injury is noted as assisting a patient in a lifting type event. The most recent progress note dated July 11, 2014, indicates that there are ongoing complaints of mid and low back pain. The physical examination demonstrated a 5'2"; 153 pound individual who is borderline hypertensive (133/77) with guarding is noted in the thoracic region of the spine. A full range of motion of the cervical spine is noted. Spurling's maneuver is negative. There is no parallel muscle guarding or tenderness noted on palpation. A rather full range of motion of the thoracic spine is reported. There is no lower extremity weakness identified, deep tendon reflexes are intact and the sensory function is intact. Diagnostic imaging studies were not reported. Previous treatment includes over-the-counter analgesic medications. A request had been made for an orthopedic spine consultation and was not certified in the pre-authorization process on July 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho Spine Consultation on 7/31/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Cervical and Thoracic Spine Disorders, Surgical Considerations.

**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, Independent Medical Examinations page 127

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, a referral to a specialist is indicated if the diagnosis is uncertain or extremely complex. When considering the reported mechanism of injury, a lifting type event assisting a patient, and noting the findings on physical examination as well as the inclination of the injured employee not to pursue conservative measures such as physical therapy and given that there are no neurologic findings, or other indicators of a possible surgical lesion there is no clear clinical indication of an extremely complex or uncertain diagnosis. Clearly a soft tissue myofascial strain. Therefore, the request of Ortho Spine Consultation on 7/31/14 is not medically necessary and appropriate