

<b>Case Number:</b>	CM14-0145563		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/04/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 43-year-old female who reported an injury on 01/04/2005 due to a work related fall. The injured worker has diagnoses of back pain, lumbar radiculopathy, back pain, lumbar chronic pain, degenerative disc disease of the lumbar spine, lumbar disc displacement, paresthesia of the lower left extremity, chronic depression, anxiety, and insomnia. Physical medical treatment consists of physical therapy, aquatic therapy, daily stretching, and medication therapy. Medications include morphine sulfate, Norco, Ambien, Soma, Neurontin, Cymbalta, and Lexapro. On 08/20/2014, the injured worker complained of pain in her back and lower extremities bilaterally. Physical examination revealed that there was decreased range of motion of the back due to pain and deformity. Her left shoulder was higher than the right. There were no indications of testing done on range of motion, motor strength, or sensory deficits. Treatment plan is for the injured worker to undergo a consultation with an orthopedic spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an Orthopedic Spine Surgeon (Possible Lumbar Surgical Intervention):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Low Back Procedure Summary last updated 7/3/14

**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) Consultation Chapter 6, page 163.

**Decision rationale:** The request for Consultation with an Orthopedic Spine Surgeon (Possible Lumbar Surgical Intervention) is not medically necessary. ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The submitted documentation did not indicate a clear rationale to support the consultation. Additionally, the documentation as submitted did not provide physical findings to warrant the need for a consultation with an orthopedic spine surgeon. Given the above, the injured worker is not within the ACOEM/MTUS Guidelines. As such, the request is not medically necessary.