

<b>Case Number:</b>	CM14-0105831		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/30/2004
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 (IW) is a 64-year-old female who sustained an industrial injury on 03/30/2004. She reported left shoulder pain for nine months. The injured worker was diagnosed as having a torn rotator cuff left shoulder. Treatment to date has included arthroscopy, arthroscopic bursectomy, arthroscopic rotator cuff repair, left shoulder (05/21/2014). Currently, in the examination of 5/05/2014, the injured worker complains of back pain that keeps her up all night, and she is seeing the doctor for checking on her blood tests and to see if she has clearance for surgery on her shoulder. Examination was done of the left shoulder, which had less than 90% flexibility, and her neurologic status, which had choreathetoid movements of the head. There was no examination of the spine other than to note a scar of the C-spine surgery. Her assessments were as follows: Complete rupture of rotator cuff, Left shoulder (needs surgery but right is already operated on 11/18/2013) Non-traumatic rupture of biceps (long head) left sided; unspecified backache, situation post c-spine and l-spine surgeries; depressive disorder, not elsewhere classified unspecified hypothyroidism; unspecified extrapyramidal disease and abnormal movement disorder; nonspecific elevation of levels of transaminase or lactic acid dehydrogenase-probably from alcohol; other choreas; chronic kidney disease; unspecified anemia. The plan was to continue with the worker's left shoulder surgery, follow up with a neurologist, avoid alcohol, and do some follow-ups with the primary physician. A request for authorization is later made for a referral to a spine specialist regarding the cervical and lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Referral to a Spine Specialist Regarding the Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain Suffering and the Restoration of Function, Chapter 6, page 114.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-180, 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits, Low Back, Office Visit.

**Decision rationale:** ODG states concerning office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. ACOEM states that a referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms; Activity limitation for more than one month or with extreme progression of symptoms; Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; and Unresolved radicular symptoms after receiving conservative treatment. ACOEM additionally states concerning low back complaints: Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. The medical documentation fails to demonstrate any of the red flags to meet the above guidelines. Therefore, the request is not medically necessary.