

<b>Case Number:</b>	CM14-0217383		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old with an industrial injury dated 06/22/2010. The most recent report in the submitted records is dated 07/03/2014. The mechanism of injury is documented as occurring while he was working light duty and placing some parts in a plastic tub. He apparently twisted his back and had a flare up of his previous low back pain. On the above date he continued to have ongoing pain in the middle of his lower back with radiation of pain into the right and left buttock and into the back of his legs. On physical exam lumbar range of motion was limited and caused pain and muscle spasms in the lower back. Straight leg raises were positive bilaterally. Prior treatments included medication, physical therapy, chiropractic, acupuncture, brace, polar ice machine, TENS unit, and epidural injections. Left carpal tunnel release was done in 2012. MRI report (lumbar spine) dated 08/13/2012 is present in the chart. Diagnoses included lumbosacral strain/sprain with lumbosacral disc syndrome, status post-surgery for left carpal tunnel syndrome with residual symptoms and possible right carpal tunnel syndrome. On 12/01/2014 utilization review non-certified the request for consultation with occupational medicine specialist. ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with occupational medicine specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Office Visits Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** This patient presents with constant pain in the neck and low back. The neck and back pain radiates into the extremities. The current request is for CONSULTATION WITH OCCUPATIONAL MEDICINE SPECIALIST. The Utilization review denied the request stating that there is no information describing current clinically significant findings demonstrating the medical necessity for a referral to an occupational medical specialist. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that the occupational health practitioner may refer to other 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work. This patient presents with multiple body part complaints and is status post carpal tunnel release with residual complaints. A consultation with an occupational specialist for further evaluation is supported by ACOEM guidelines. This request IS medically necessary.