

<b>Case Number:</b>	CM15-0111447		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 51 year old male who sustained a work related injury June 23, 2012. While lifting a tire weighing approximately 40 pounds, he immediately experienced pain in the lumbar spine and bilateral hips. He was treated with medications, injections, physical therapy and chiropractic therapy, and underwent x-rays. Past history included leukemia November 1987, s/p lumbar surgery 2001, s/p lumbar spinal fusion 2014. According to a primary treating physician's progress report, dated April 14, 2015, the injured worker presented with constant pain across the lumbar spine, rated 8-9/10, with severe radiating pain into the buttocks lateral aspect of the left thigh and leg. There is tingling and numbness on the medial aspect of both ankles. Climbing one flight of stairs is difficult and cannot perform activities for more than a few minutes. He is in severe pain most of the time. He is using a cane for ambulation. A CT scan of the lumbar spine performed 4/2/2015, revealed s/p L4-5, L5-S1, pedicle screws at the level of L4 are protruding through the superior plate of L4. There is evidence of non-union at L4-5 and L5-S1 with a radiolucent line proximal, distal, and around the bone graft. An orthopedic consultation performed May 21, 2015, found the injured worker with head pain, upper back, lower back, bilateral hands, and bilateral lower leg pain. The pain in the arms is worse than the neck and the pain in the legs is worse than the back. He also reports, gastrointestinal pain, neurological disorder, sexual dysfunction, and sleep difficulty. He has numbness, tingling, weakness, in the arms, hands, lumbar spine, hips, legs, and feet. He shuffles when he walks. Diagnoses documented as s/p anterior and posterior fusion. The physician documents a possible post-operative infection and noted he was seen by internal medicine and labs were drawn. Should the

laboratory results be positive, he documents the injured worker needing a spinal surgeon consultation. At issue, is the request for authorization for a spine internist consultation for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Spine internist consultation for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (2nd Edition), Chapter 7 Independent Medical Examinations and Consultation, page 127; Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visits-pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex , when psychosocial factors are present , or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, this case, the claimant was already seeing a surgeon and a psychiatrist. Due to fluid collection seen on an MRI, an infectious disease consultation was already made. The diagnosis was not uncertain or complex that it would require a spine internist. The reason for the internist consultation was primarily for a blood draw to determine if there was an infection. Such work up can be performed by any of the physicians involved and the request above is not medically necessary.