

<b>Case Number:</b>	CM15-0117024		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 56-year-old male who sustained an industrial injury on October 1, 2009. He has reported neck and lower back pain and has been diagnosed with cervical strain and lumbar facet fracture. Treatment has included medications, injection, rest, heat, and ice. Neck pain was rated 5-6/10, right hip was 5-6/10, and low back was at 6-7/10. There was pain to palpation in the right hip, cervical, and lumbar spine. There were noticeable tremors. There was a positive right hip impingement sign and painful range of motion. The treatment request included spine consultation for the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine consultation for neck and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, Page 127.

**Decision rationale:** Pursuant to the ACOEM, spine consultation for neck and low back is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical strain; lumbar facet fracture; and depression. The medical record contains 33 pages. The date of injury is October 1, 2009. The earliest progress note in the medical record is dated November 25, 2014. In the November 2014 progress note and subsequent progress notes December 2014, February 2015 and March 2015 the documentation points to an authorization to follow up with the spine surgeon for the neck. Authorized. According to the most recent progress note dated June 4, 2015, the documentation indicates a re-authorization is to be requested. The documentation shows the injured worker was being treated by an orthopedic surgeon. However, there is no additional workup in the medical record that has been performed as of June 4, 2015 to warrant a follow-up visit consultation. It is unclear from the documentation whether the injured worker utilized the initial authorized consultation. Objectively, there is a neurologic evaluation with motor testing and sensory testing. The right hip this tentative palpation. The right hip has pain with range of motion with a positive impingement sign. There are no other objective physical findings (of the neck) in the medical record. There is no additional workup in terms of imaging studies or other testing that would aid in the diagnosis, prognosis and therapeutic management of the patient. There is no specific clinical indication or rationale by the referring provider to warrant a spine consultation to the neck and low back. Consequently, absent clinical documentation with additional workup, imaging studies, a clinical indication and rationale for a spine consultation of the neck and low back when the injured worker was previously authorized from November 2014 through March 2015, spine consultation for neck and low back is not medically necessary.