

<b>Case Number:</b>	CM15-0117927		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 49-year-old male, who sustained an industrial injury on 7/17/2009. Diagnoses include lumbar post laminectomy syndrome, right lower extremity radiculopathy, reactive depression/anxiety, history of left chip avulsion fracture left ankle, neurogenic bladder/erectile dysfunction, obesity industrially related to Cushing's disease, right femur status post open reduction internal fixation (ORIF) (2013) and medication induced gastritis. Treatment to date has included surgical intervention (L4-5 interbody fusion, 2010), physical therapy, medications, injections and work modifications. Magnetic resonance imaging (MRI) of the lumbar spine dated 6/05/2013 showed grade I spondylolisthesis with a 7mm dehiscence of the nucleus pulposus and right sided fusion of hardware at L5-S1. Per the Follow-up Orthopedic Surgical Consultation dated 5/08/2015, the injured worker reported continued right hip and low back pain. Physical examination revealed an antalgic gait favoring the right lower extremity. He requires the use of a walker. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. He had obvious muscle guarding with range of motion. Ranges of motion were decreased in all planes. Straight leg was positive bilaterally at 60 degrees and caused radicular symptoms. The plan of care included surgical intervention. Authorization was requested for an office consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office consultation for a new or established patient:** Upheld

**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.

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

**Decision rationale:** Pursuant to the ACOEM, office consultation for a new or established patient 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 workers working diagnosis or lumbar post laminectomy syndrome; status post L4 - L5 interbody fusion; right lower extremity radiculopathy; reactive depression/anxiety; history left chip avulsion fracture left ankle; neurogenic bladder/erectile dysfunction; obesity related to Cushing's disease; right femur status post ORIF January 4, 2013; and medication induced gastritis. Documentation from a May 8, 2015 progress note states the injured worker needs to have a revision of the L4 - L5 interbody fusion with decompression. The injured worker is also in need of a hip arthroplasty, but was denied due to obesity and weight related morbidities. The treatment plan is unclear as to the nature of the consultation. The documentation states the treating provider is requesting authorization for exploration and revision of the fusion, and internal medicine consultation for medical clearance prior to surgical intervention, authorization for right hip total arthroplasty, and a clinical psychologist prior to placement of an intrathecal morphine pump. The treatment plan includes a referral to [REDACTED] for weight loss prior to surgical intervention. Consequently, absent specific clinical documentation with a referral for an office consultation naming the specific provider and subspecialty, office consultation for a new or established patient is not medically necessary.