

<b>Case Number:</b>	CM15-0125466		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina  
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 31-year-old male, who sustained an industrial injury on 4/04/2011. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include left cubital tunnel syndrome, cervical radiculopathy, chronic lumbar pain syndrome, lumbar disc herniation, facet arthropathy, and left shoulder subluxation status post reconstructive surgery on 11/6/13. Currently, he complained of ongoing back pain. On 5/13/15, the physical examination documented tenderness of the lumbar spine and sacral notch region bilaterally. There was a positive straight leg raise test bilaterally. The provider documented that the results of the lumbar MRI obtained on 4/1/15, revealed multilevel disc herniation and annular tears, with facet arthropathy and neural foraminal narrowing bilaterally. The plan of care included a request to authorize a re-evaluation with a spine sub-specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine sub-specialist re-evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The 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. The patient upon review of the provided medical records has ongoing back pain. The ODG states reevaluation is based on ongoing need and response to treatment. Criteria for re-evaluation have been met by a spin specialist and therefore the request is medically necessary.