

<b>Case Number:</b>	CM15-0062400		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on February 12, 2009. He has reported neck pain, upper back pain, shoulder pain, wrist pain, lower back pain, elbow pain, knee pain, and foot pain. Diagnoses have included cervical spine disc displacement, degeneration of thoracic or lumbar intervertebral disc, shoulder strain/sprain, neck strain/sprain, and lumbar spine strain/sprain. Treatment to date has included medications, home exercise, cervical spine surgeries, imaging studies, and diagnostic testing. A progress note dated February 17, 2015 indicates a chief complaint of left shoulder pain and weakness, and lower back pain radiating to the bilateral lower extremities. The treating physician documented a plan of care that included medications and follow up with specialist for treatment options, which include a possible MMI status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up for treatment options:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** MTUS Guidelines supports the use of referrals if the treating physician feels the issue is beyond his/hers expertise and/or it would be useful for overall management of the issue/claim. This request meets these Guideline criteria. The referral is for a final opinion on treatment options with the possibility of an MMI status resulting from the evaluation. The follow up for treatment options is medically necessary and appropriate.