

<b>Case Number:</b>	CM15-0063521		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Emergency 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 40 year old female, who sustained an industrial injury on 5/29/14. The injured worker has complaints of back pain. The diagnoses have included degenerative spondylolisthesis at L4-5 and L5-S1. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; X-rays of the lumbar spine; lumbar epidural injections and medications. The request was for referral to a spine specialist, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to a spine specialist, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag conditions, Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested referral to a spine specialist, lumbar spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd

Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with physical exam evidence of severe neurologic compromised that correlates with the medical history and test results; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has continued back pain. The treating physician has documented degenerative spondylolisthesis at L4-5 and L5- S1. The treating physician did not adequately document the medical necessity for this consult or how the treating physician is anticipating this consult will affect treatment. The request for Referral to a spine specialist, lumbar spine is not medically necessary.