

<b>Case Number:</b>	CM15-0064187		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/30/1998
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/19/2015
<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: 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 male patient who sustained an industrial injury on 12/30/1998. A primary treating office visit dated 09/29/2014 reported subjective complaint of low back pain. He states having intermittent left lower extremity numbness and tingling that radiates into his foot. He reports continued spasms in the low back, and now is experiencing mid back spasm. The spasms are noted as most severe on the left side. He also has complaint of being depressed secondary to chronic pain issues. He uses a cane to ambulate. The patient is asking for another steroid injection as he had some temporary relief with the last administration. Current medications are: Vicoprofen, Methadone and Ketoprofen cream. He reports the medication does help him with improved function and or activity levels. Continue pending injection and computerized tomography authorization. Prior surgery is to include lumbar fusion, L4-5, L5 and S1; lumbar decompressive surgery L3-4; removal of hardware at L4-5, L5-S1, and lateral fusion with decompression at L3-4. The patient has also had prior trigger point injections, and block injections. Prior medications to include: Wellbutrin, Neurontin, Lyrica, Hydrocodone, Ibuprofen, and Meclizine. Of note, a CURES report is consistent with medical management, and so is the urine screening. The following diagnoses are applied: status post fusion, left sacroilitis, right shoulder arthralgia, chronic pain syndrome, and lumbar facet arthropathy. The plan of care involved: continue with home exercise program, follow up with spine surgeon, follow up with psychologist, recommending a computerized tomography, and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology consultation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination/Assessment Approaches. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Neurology consultation and treatment is not medically necessary.