

<b>Case Number:</b>	CM15-0071984		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New Jersey

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 49-year-old female who sustained a work related injury September 13, 2013. She attributes her injury, which includes; neck pain, back pain, and bilateral upper extremity symptoms to repetitive movements while working as a welder. According to a primary treating physician's progress report, dated March 31, 2015, the injured worker presented with neck and back pain, rated 8/10. History included s/p microlumbar decompression left L4-5, L5- S1 February 24, 2015. She does report decreased numbness in the left lower extremity since surgery and is sleeping 4-5 hours of interrupted sleep at night, due to pain. She currently rates her neck pain 8/10 with numbness and weakness in both hands, worse on the left side, with arm symptoms increasing at night and after sleeping. Her right arm feels heavy when she tries to lift and weakness in the right hand occasionally dropping items. Diagnoses included cervical radiculopathy; lumbar radiculopathy; cervical disc herniation with stenosis; thoracic herniation; and lumbar herniation with moderate to severe neural foraminal narrowing. Treatment plan included psychological consultation, general orthopedic consultation follow-ups for upper extremity treatment, post-operative physical therapy, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: General Orthopedic Follow-up DOS: 3/11/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Second Edition (2004), Chapter 7, page 127 - Consultation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was a request for shoulder surgery, which ended up being postponed due to the more urgent need for spinal surgery and the complications, which would be present if both surgeries were completed too close in time. It was agreed, according to the notes provided for review, that the provider would postpone this shoulder surgery, which would mean that any follow-up with the orthopedic physician would be medically unnecessary until the time that shoulder surgery would be more appropriate. Therefore, at this time (3/11/15), the request for orthopedic follow-up will be considered medically unnecessary.