

<b>Case Number:</b>	CM15-0095602		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 72 year old female, who sustained an industrial injury on 8/28/2007. She reported mid back pain. The injured worker was diagnosed as having lumbar pain, lumbosacral sprain, and neuralgia, neuritis, and radiculitis. Treatment to date has included medications, and modified duty, radiographs, and magnetic resonance imaging. The request is for an orthopedic consultation and treatment. On 1/29/2015, she had intermittent mid back pain that she indicated had been increasing since her last visit. She reported not new injuries or adverse reactions to medications. On 2/26/2015, she complained of mid back pain. She had an adverse reaction to Fentanyl. She reported wanting to wean off of narcotic medications. On 4/15/2015, she complained of feeling worse and wanted to know if any surgery could be done. The record notes she has a small existing compression fracture at T11-12. Physical examination noted guarded stiff motion, and significant tenderness at the fracture site. The treatment plan included updating radiographs and magnetic resonance imaging, and referral to orthopedic spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho Spine Consult and Treat (thoracic and lumbar spine):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Ch7: page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 127.

**Decision rationale:** The patient presents with pain affecting the thoracic and lumbar spine. The current request is for Ortho Spine Consult and Treat (thoracic and lumbar spine). The treating physician report dated 2/26/15 (11B) states, Referring to Ortho for Bilateral Thoracic spine. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists 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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided, show the patient complains of increasing mid back pain and wants to know if surgery is an option. In this case, the patient presents with chronic pain affecting the thoracic and lumbar spine and the treating physician is requesting a consult with an orthopedic surgeon to discuss the possibility of surgery. Furthermore, the patient is presenting with increasing symptoms since a follow up on 1/29/15, and the physician feels that the patient will benefit from the additional expertise of an orthopedic surgeon. Recommendation is for authorization. Therefore, the requested treatment is medically necessary.