

<b>Case Number:</b>	CM13-0006547		
<b>Date Assigned:</b>	08/30/2013	<b>Date of Injury:</b>	11/07/2009
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 33-year-old male who reported an injury on 11/07/2009. The patient is diagnosed as status post wrist fracture with ORIF, cerebral concussion, status post distal radius fracture with ORIF, status post left forearm ORIF, 5 mm herniated nucleus pulposus at L4-5, and questionable pars defect at L5-S1. The patient was seen by [REDACTED] on 06/10/2013. Physical examination revealed full range of motion of the cervical spine, restricted range of motion of the lumbar spine, radiation across the right S1 distribution, positive straight leg raising, positive Lasegue's testing, and numbness across the right S1 distribution. Treatment recommendations included epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 orthopedic consultation for the pelvis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Disorder Medical Treatment Guidelines, State of Colorado Depa.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, the patient is status post ORIF of the right posterior pelvic ring in 11/2009. There is no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There is no indication that an infection or nonunion is suspected. There are no neurological deficits or significant changes in symptoms that would warrant the need for orthopedic referral. The medical necessity for the requested consultation has not been established. Therefore, the request is non-certified.