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| <b>Case Number:</b>   | CM14-0001704 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 09/20/2012 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2014 |

### 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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/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 records presented for review indicate that this 58-year-old gentleman was reportedly injured on September 20, 2012. The most recent progress note, dated June 20, 2014, is incomplete. A note dated January 15, 2014, Indicates that there are ongoing complaints of low back pain radiating to the left lower extremity as well as complaints of anxiety, depression, and insomnia. The physical examination demonstrated tenderness and spasms along the lumbar paraspinal muscles and decreased lumbar spine range of motion. There was a positive sitting root test and hypesthesia of the bilateral gluteal muscles and posterior lateral thighs. Diagnostic imaging studies of the lumbar spine revealed disc bulges at L4 - L5 and L5 - S1. Previous treatment was not discussed. A request had been made for an outpatient orthopedic consultation for the lumbar spine and was not certified in the pre-authorization process on December 26, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Orthopedic Consultation for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** According to the attached medical record the injured employee has no conclusive findings of a focal neurological deficit. Additionally the MRI the lumbar spine does not show any concerning findings, only disc bulges at L4 - L5 and L5 - S1. Considering this, it is unclear why there is a request for an orthopedic consultation. This request for an Outpatient Orthopedic Consultation for the Lumbar Spine is not medically necessary.