

<b>Case Number:</b>	CM14-0135615		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a 41-year-old female with a 2/20/14 date of injury, when she injured her lower back while descending the bus steps. The patient was seen on 7/3/14 for an orthopedic consultation. She complained of low back pain. The patient was recommended to consider the surgery and was advised to come back after the surgery approval. The patient was seen on 7/25/14 and the request for authorization for L4-L5 hemidiscotomy was made. The patient was seen on 8/1/14 with complaints of pain radiating down to the right leg. Exam findings of the lumbar spine revealed tenderness to palpation to the right paravertebral muscles with noticeable muscle spasm, the range of motion restricted in flexion and positive straight leg raising test in a sitting position at 10 degrees with pain radiating down the back of the right thigh. The progress note stated that the patient saw a specialist and that the surgery was recommended, the request for re-consultation was made. The diagnosis is lumbar strain, right L5 radiculopathy. EMG/NCS dated 7/30/14 revealed normal NCS to the lower extremity and EMG showed evidence of right L5 radiculopathy. Treatment to date: work restriction, Toradol injection, medications, and physical therapy. An adverse determination was received on 8/1/14 given that the previous request for an orthopedic consultation was approved on 5/23/14 and completed on 7/3/14. There was no rationale with regards to the second orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127, 156; and on the Official Disability Guidelines (ODG) Pain Chapter: Office visits

**Decision rationale:** CA MTUS states that 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. A referral may be to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient saw the orthopedic specialist on 7/3/14 and he recommended the surgery and follow up visit after the surgery would be authorized. The primary physician requested the authorization for L4-L5 hemidiscectomy on 7/25/14. There is a lack of documentation indicating that the patient's surgery was authorized. Therefore, the request for additional orthopedic consultation was not medically necessary.