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| Case Number: | CM14-0167143 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 08/05/2014 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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 Orthopedic Surgery, has a subspecialty in orthopedic spine surgery and is licensed to practice in New York. 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 patient is a 31-year-old male with a date of injury of August 15, 2014. The patient has chronic back pain that radiates to the left and right buttock and left and right foot. Physical examination shows normal gait. Patient takes narcotic pain medication. The patient is physical therapy. Diagnoses include chronic back pain. At issue is whether referred for orthopedic spine surgical consultation is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: orthopedic surgeon- back: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter ODG low back pain chapter

Decision rationale: This patient does not meet criteria for referral to orthopedic spine surgical consultant. Specifically, the medical records do not document that the patient has completed an adequate trial conservative measures to include physical therapy for back pain. In addition the medical records do not clearly documented physical exam showing significant radiculopathy or

neurologic deficit. Imaging studies and not present that show instability, fracture, tumor or any other significant diagnosis that would warrant referral to orthopedic spinal surgeon. Therefore, Associated surgical service: orthopedic surgeon- back is not medically necessary.