

<b>Case Number:</b>	CM14-0168926		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine 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 case involves an injured worker with a date of injury of 2/8/13 while at work slipped and fell. The injured worker sustained a concussion, right knee sprain, cervical spine, lumbar spine, thoracic spine, and bilateral sacroiliac sprain/strain, contusion of the sacrum, coccyx, contusion of the right knee, and muscle spasm of the lumbar spine. The patient received physical therapy. MRI showed degenerative changes and severe chronic right L5-S1 facet arthropathy. The patient has had 3 facet blocks L5-S1 with only minimal improvement. The treating physician recommended lumbar fusion at L5-S1 but the patient decided to continue conservative care. Medications included Prilosec, Cyclobenzaprine, Omeprazole and Ketoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic re-consultation for possible surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

**Decision rationale:** According to guidelines it states in the absence of red flags, work related complaints can be managed by primary care physicians or occupational physicians. According to the medical records the patient was recommended surgery and the patient declined. There are no red flags to warrant surgery; therefore, this request is not medically necessary.