

<b>Case Number:</b>	CM14-0174893		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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 is a 57 years old male patient who sustained an injury on 4/29/2012. He sustained the injury while moving barrels on top of a commercial vehicle; his right foot slipped into one of the barrels that did not have its lid fastened on properly. The current diagnoses include lumbosacral strain and right knee strain. Per the note of [REDACTED] dated 10/8/14, he had complaints of lumbar pain with radiation to the right leg. The physical examination revealed lumbosacral spine- right sided lumbosacral tenderness extending to the right buttock, muscle spasms, decreased lumbar lordosis and limited ranges of motion; right knee- no tenderness, stable knee and full range of motion. The current medications list is not specified in the records provided. He has had an MRI of the bilateral legs and lumbar spine and a nerve conduction study. Prior diagnostic study reports were not specified in the records provided. He has had several cortisone injections in his right knee and physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient consultation with MD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Per the cited guidelines, "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." Evidence of an uncertain or extremely complex diagnosis is not specified in the records provided. Evidence of the presence of psychosocial factors is not specified in the records provided. Previous diagnostic study reports with significant abnormal findings are not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, patient has already had a consultation with [REDACTED] on 10/8/14. The rationale for an additional consultation is not specified in the records provided. As such, the request is considered as not medically necessary.