

<b>Case Number:</b>	CM14-0024570		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/23/1996
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Surgeon, and is licensed to practice in Maryland. 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 injured worker is a 55 year old male who is an amputee as a consequence of a motor vehicle accident that occurred in 1979, which was additionally complicated by a left arm fracture requiring multiple surgical repairs. The injured worker has a right above the knee amputation. Physical examination noted shoulders forward of his axial spine some 3-4cm and describes increased pain on attempting in the right posture characterized in the lumbosacral region; he draws a line from his posterior superior iliac crest bilaterally describing of feeling of a burning sensation in his back limiting his extension; forward flexion is limited to approximately 50 degrees with combination of 30 degrees of lumbar flexion and approximately 20 degrees of hip rotation before he becomes unbalanced due to the unilateral left leg weight bearing. Normal neurological function with sensory intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 SURGICAL CONSULTATION WITH [REDACTED], AS AN OUTPATIENT FOR LOW BACK PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, office visits.

**Decision rationale:** The request for one surgical consultation with [REDACTED] as an outpatient for low back pain is not medically necessary. Based on the injured worker's past history of significant preexisting conditions including an abnormal aortic aneurysm, cardiovascular disease and stroke, it is uncertain if the injured worker is even a surgical candidate. The injured worker had already undergone previous back surgery in 1998 which did not result in any significant improvement in symptoms. No imaging studies were provided to demonstrate any recurrent disc protrusion or surgical pathology. The medical records do not indicate any acute changes or document previous physical examination findings to determine if any acute changes are noted. After reviewing the clinical information provided for review, there was no additional significant information provided that would support reversing the previous adverse determination. The request is not medically necessary and appropriate.