

<b>Case Number:</b>	CM14-0025792		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 5, 2013. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated February 10, 2014, the claims administrator denied a request for an orthopedic consultation for the lumbar spine. Non-MTUS Chapter 7 ACOEM Guidelines were invoked. The applicant's attorney subsequently appealed. In a January 25, 2014 progress note, the applicant apparently transferred care to a new primary treating provider. The applicant was apparently alleging multifocal pain complaints secondary to cumulative trauma at work as a bartender. The applicant had reportedly been terminated by his former employer. Ongoing complaints of low back pain radiating to the left leg was appreciated. The applicant also had complaints of mid back pain, neck pain, migraines, sleeping disturbance, and psychological stress. The applicant exhibited a slight limp with slightly diminished lower extremity sensorium. Limited lumbar range of motion was noted. Work restrictions were endorsed. The applicant was asked to obtain lumbar MRI imaging and obtain an orthopedic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultations Orthopedic Including Spine Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 306, applicants without findings of significant nerve root compromise "rarely benefit" from either surgical consultation or surgery. In this case, there is no evidence that the applicant has any condition or conditions amenable to surgical correction insofar as the lumbar spine is concerned. As noted by ACOEM, a surgical consultation will likely be of little to no benefit in this context. Therefore, the request is not medically necessary.