

<b>Case Number:</b>	CM14-0035353		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 12/30/2009. The mechanism of injury was the injured worker was lifting a pot weighing more than 50 pounds and hurt his lower back. The injured worker's legs went numb and he was unable to move them. The prior treatments included a cane, a brace, chiropractic care, medications, physical therapy, and 2 surgical procedures, with the most recent being 07/12/2012. Additionally, the injured worker was treated with an epidural steroid injection. The documentation of 01/23/2014 revealed the injured worker was complaining of difficulty falling asleep due to pain, waking during the night due to pain, difficulty with sexual functioning, symptoms of anxiety due to pain or loss of work, symptoms of depression due to pain or loss of work, and numbness with pain especially with any of the activities described above. The injured worker stated he was using a lumbar support and it was temporarily helpful; however, the pain levels were increased. The injured worker ambulated with an antalgic gait favoring the left with the use of a cane. The Kemp's test/facet, Yeoman's test, and iliac compression tests were positive bilaterally. The minor's sign, heel walk, toe walk, and Patrick-Fabere's test revealed pain bilaterally. The Valsalva's revealed pain on the right and was positive on the left. The injured worker had at the level of T12-S1 had moderate paraspinal tenderness, muscle guarding, and spasms bilaterally to palpation. The injured worker had decreased range of motion. The diagnoses included status post lumbar surgery on 07/12/2012, thoracic or lumbosacral neuritis or radiculitis unspecified, failed lumbar spine surgery syndrome, anxiety, sleep disturbance, sexual dysfunction, and displacement of lumbar intervertebral disc without myelopathy per computerized tomography of 04/23/2013. The treatment plan included an orthopedic consultation for the evaluation and treatment for the low back. The injured worker was recommended to followup with a pain management consultation for the evaluation and

treatment recommendations for pain medications as necessary. The pain management specialist that was requested is also an orthopedic surgeon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthopedic consultation.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary for evaluation and medical management (E&M) guidelines.

**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 6, Page 163.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent loss and/or the examinee's fitness for return to work. The clinical documentation submitted for review indicated the injured worker had previously undergone orthopedic consultation and was being treated by the requested orthopedist. There was a lack of documentation indicating a necessity for a repeat consultation. Given the above, the request for orthopedic consultation is not medically necessary.