

<b>Case Number:</b>	CM14-0084736		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 female who reported an injury on 10/13/2008 after being struck by a rack of clothes. The injured worker reportedly sustained an injury to her cervical spine, lumbar spine, bilateral lower extremities and bilateral upper extremities. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 05/07/2014. Physical examination findings included decreased sensation to the right anterior thigh, right lateral ankle, and right lateral calf. The injured worker's diagnoses included cervical spine disc bulges, lumbar spine surgery, right knee surgery, left knee strain and other problems unrelated to current evaluation. The request was made for a consultation of orthopedic for low back and neck; however, no justification for the request was provided. A Request for Authorization form dated 05/07/2014 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Consultation orthopedic for low back and neck quantity 1.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition, Chapter 7, page 127.

**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) 6, page(s) 163.

**Decision rationale:** The requested consultation orthopedic for low back and neck is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the injured worker has undergone extensive diagnostic and multiple evaluations from several doctors. The clinical documentation does not provide a significant change in the injured worker's clinical presentation to support additional orthopedic consultation of the low back and neck. The American College of Occupational and Environmental Medicine recommends specialty consultation for complex clinical situations that would benefit from additional expertise for treatment planning. The clinical documentation submitted for review does not provide any support for the need for additional expertise to alter the injured worker's treatment plan. As such, the requested consultation orthopedic for low back and neck is not medically necessary or appropriate.