

<b>Case Number:</b>	CM14-0207034		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, has a subspecialty in Interventional spine, 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 patient is a 57-year-old male with an injury date of 11/27/2012. Based on the 09/11/2014 progress report, the patient complains of back pain radiating from the lower back down to his left leg. He rates his pain as an 8/10 with medications and a 9/10 without medications. He has no new problems or side effects. The patient has a poor quality of sleep. The 10/09/2014 report indicates that the patient rates his pain as an 8/10 with medications and a 9/10 without medications. He continues to have a poor quality of sleep, has an antalgic gait, scuffs his left toes during ambulation, is assisted by a cane, unable to walk on heel, unable to walk on toes, has a left Trendelenburg gait, has a limited range of motion of the lumbar spine, straight leg raise is positive on the left, and he has a positive lumbar facet loading on both sides. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band are noted on the left side. On sensory examination, light touch sensation is decreased over the medial foot, posterior side, the L4 and L5 lower extremity dermatomes on the left side. The 10/11/2014 report indicates that the patient continues to ambulate with a cane. No further exam findings were provided. The patient's diagnoses include the following: Lumbar radiculopathy. Spinal/lumbar DDD. Low back pain. The utilization review determination being challenged is dated 12/04/2014. Treatment reports were provided from 09/11/2014, 10/09/2014, and 10/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to orthopedic surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

**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, page 127 Referral to Orthopedic.

**Decision rationale:** The patient presents with low back pain which radiates from the lower back down to his left leg. The request is for a referral to orthopedic surgeon. The utilization review denial rationale is that the patient has already been seen by [REDACTED] who recommended surgery, but the patient declined. "There is no documentation to support a new referral or why the patient cannot follow up with the previous orthopedic surgeon, nor is there documentation that the patient is willing to undergo surgical intervention at this time." The report with the request was not provided. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater does not provide a reason for this request nor is there any indication that the patient is planning on having any surgery. Unfortunately, the report with the request was not provided for this review and none of the reports contain any information indicating a need for such a referral. Therefore, the requested referral to an orthopedic surgeon is not medically necessary.