

<b>Case Number:</b>	CM15-0146081		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 43 year old male, who sustained an industrial injury on 1-7-2009. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar strain with radiculopathy, thoracic strain and cervical strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-17-2015, the injured worker complains of neck, upper and lower back pain. Physical examination did not address the spine. The treating physician is requesting Consultation with orthopedist regarding the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with orthopedist regarding the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Independent medical Examinations and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** ACOEM's Occupational Medicine Practice Guidelines 2004 edition states that: surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. Patients with acute back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is not clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Although office notes state that there is a history of S1 radiculopathy, no objective physical exam or imaging findings are documented which would support a diagnosis of radiculopathy. Due to insufficient documented evidence of a potential surgical condition, MTUS criteria for surgical referral are not met in this case, therefore is not medically necessary.