

<b>Case Number:</b>	CM15-0167746		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California

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 38-year-old male, who sustained an industrial injury on 10-7-2013. Diagnoses have included lumbar disc protrusion, lumbar radiculopathy, lumbar facet syndrome and left knee internal derangement. Treatment to date has included a home exercise program and medication. According to the progress report dated 7-1-2015, the injured worker complained of constant low back pain radiating to the left lower extremity rated 3 out of 10. He also complained of occasional left knee pain rated 2 out of 10. Physical exam revealed tenderness along the lumbar spine. There was tenderness and spasms along the paravertebral muscles of the lumbar spine on the left. Straight leg raise was positive on the left. He ambulated with an antalgic gait. Authorization was requested for orthopedic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** MTUS Guidelines give broad leeway for specialty referrals if a particular injury or illness is felt to be beyond the expertise of the primary treating physician. The Guidelines in particular support this when there is delayed recovery. This individual may not qualify for invasive or surgical procedures, but a specialist evaluation/2nd opinion is supported in the Guidelines. The quality of the specialist evaluation and any recommendations can be subsequently reviewed and acted upon if necessary. The request for an Orthopedic evaluation is supported by Guidelines and is medically necessary.