

<b>Case Number:</b>	CM15-0037863		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 35 year old male, who sustained a work/ industrial injury on 6/10/08 when he slipped and fell exiting a vehicle and landed on his back. He has reported symptoms of numbness of the lower back, both upper extremities, and both lower extremities. Prior medical history was not documented. The diagnoses have included lumbar disc displacement. Treatments to date included L4-S1 decompression and 360 degree fusion (6/3/11), diagnostics, and injection treatment. The treating physician's report (PR-2) from 7/19/11 indicated post surgical evaluation noted tender to palpation of the lumbar paraspinals with no sign of infection. On 10/28/14 the injured worker complained of lower back pain along with neck pain and right shoulder pain. Further symptoms also resulted in sleep problems and anxiety and depression. On 1/28/15, Utilization Review non-certified an orthopedic consultation (lumbar spine), citing the California Medical treatment Utilization Schedule (MTUS): ACOEM Guidelines: Chapter 7: Independent Medical Examinations and Consultations, page 127.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultation (lumbar spine): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 10/28/14 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the determination is for non-certification.