

<b>Case Number:</b>	CM15-0041238		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 47-year-old female, who sustained an industrial injury on 10/29/14. She reported landing on buttocks and lower back after slipping and falling. The injured worker was diagnosed as having lumbosacral disc disease and coccydynia. Treatment to date has included oral medications including Ultracet and Norflex; ice treatment, lumbar support, Toradol injection, physical therapy, TENS unit and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 1/20/15 revealed broad based posterior herniation of L5-S1 disc, diffuse bulge L4-5 disc, mild diffuse bulge of L2-3 and L3-4 discs, mild facet arthropathy at L4-5 and L5-S1 levels and minimal retrolisthesis of L5 vertebra over S1. Currently, the injured worker complains of continued low back pain unchanged since previous visit. She is currently not working. Physical exam noted tenderness and spasm of paravertebral muscles of lumbar spine with an abnormal gait and restricted, painful range of motion. The treatment plan included prescription for Ultracet, a Toradol injection and ortho consult. A request for authorization was submitted for ortho consult with North California spine institute was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedics consultation for the lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to the clinical documentation provided and current MTUS guidelines, orthopedic consultation is indicated as medical necessary to the patient at this time.