

<b>Case Number:</b>	CM15-0051792		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: New York, West Virginia, Pennsylvania  
Certification(s)/Specialty: Emergency 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 30 year old female who sustained an industrial injury on 6/6/14. The injured worker reported symptoms in the neck, shoulders, back and left lower extremity. The injured worker was diagnosed as having broad based disc herniation with bilateral neural foraminal narrowing and annular tear at the L4-L5 level, L4 and slightly L5 radiculopathy to the left leg, broad based disc herniation at the L5-S1 level. Treatments to date have included activity modification, chiropractic treatments, and physical therapy. Currently, the injured worker complains of lower back pain with radiation to the left lower extremity as well as neck and shoulder pain. The plan of care was for a re-evaluation and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Return to Undersigned Examiner for Re-evaluation after visit with [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Second Edition (2004), Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** Guidelines recommend consultation to aid in diagnosis, prognosis, therapy, medical stability, and fitness for return to work. In this case, the patient was already referred to an orthopedic specialist but the patient has not attended the appointment due to scheduling conflicts. Thus, the request for re-evaluation by another orthopedic physician is not medically necessary and appropriate.