

<b>Case Number:</b>	CM15-0055892		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old female, who sustained an industrial injury on 9/22/2008. She reported feeling a pop in her left ankle while walking. Diagnoses have included injury to peripheral nerve(s) of the pelvic girdle and lower limb; sciatic nerve, lumbar radiculopathy and lumbar sprain/strain. Treatment to date has included magnetic resonance imaging (MRI), left ankle surgery, chiropractic treatment and medication. Per the progress note dated 2/3/2015, the injured worker complained of back, leg and foot pain that started after the last tendon revision. Physical exam revealed great toe dorsal spasm. The treatment plan was to request a neurologic/spine evaluation. According to the progress report dated 2/23/2015, the injured worker complained of low back pain described as minimal and mild. The frequency was occasional. The symptoms were lessened by rest. Physical exam revealed no tenderness of the thoracolumbar spine. The treatment plan was to advance to full work duty. Authorization was requested for a consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter; Hip & Pelvis chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with moderately severe low back, leg and foot pain. The request is for a CONSULTATION. The RFA provided is dated 02/06/15 and the patient's date of injury is 09/22/08. Per 02/03/15 report, the patient's diagnoses have included injury to peripheral nerve(s) of the pelvic girdle and lower limb; sciatic nerve, lumbar radiculopathy and lumbar sprain/strain. There are no image studies provided for review. Physical examination to the lumbar spine revealed positive straight leg raise test. Treatment to date has included magnetic resonance imaging (MRI), left ankle surgery, chiropractic treatment and medication. The patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per 02/03/15 report, treater explains, "The patient underwent reconstruction for medial column instability in 2012. After the surgery it was a year when the tendon was revised. Following this the patient had a neurolysis. The patient now has back, leg and foot pain that started after the last revision. I request a neurological/spine evaluation with [REDACTED]." ACOEM guidelines support referral to a specialist to aid in complex issues. Given the patient's chronic pain that remain in spite of conservative therapies and surgery, a neurology consultation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.