

<b>Case Number:</b>	CM14-0127333		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33-year-old male who reported an injury on 11/05/2012 due to an unknown mechanism. Diagnoses were grade 1 spondylolisthesis at the L5-S1 with bilateral pars defects; lumbar herniation at L4-5 with left sided neural foraminal narrowing; lumbar radiculopathy; adverse reaction to cortisone injection; left hip trochanter bursitis; left sided S1 joint dysfunction, mild. Past treatments were medications, acupuncture, chiropractic session and physical therapy. The injured worker did have an SI joint injection where he had a reaction and had to go the ER. MRI of the lumbar spine revealed degenerative disc disease and facet arthropathy with retrolisthesis, L4-5 and grade 1 anterolisthesis, L5-S1 with bilateral L5 spondylosis. Neural foraminal narrowing included L3-4, mild right; L4-5 moderate left and L5-S1; severe left; mild right neural foraminal narrowing. MRI of the left hip revealed minimal spurring, left hip, without acute osseous, labral, tendinosis, or muscular signal abnormality. Physical examination: 07/28/2014 revealed complaints of ongoing pain that ranged between 4/10 to 8/10 in the left hip and lumbar spine region that radiated down the left leg greater than the right leg. Examination of the lumbar spine revealed tenderness to palpation on the midline and paraspinal with positive muscle spasm, mild swelling about the lumbar spine. Sensation was decreased in the left L3, L4, L5, and S1 distributions. Examination of the left hip revealed mildly positive faber test. There was positive tenderness over the trochanteric bursae. There was no instability at the left hip. It was reported that the injured worker should followup on an as needed basis. Treatment plan was for anti-inflammatories, analgesics, bracing, corticosteroid injections, surgical intervention for the lumbar spine, as well as short courses of physical therapy. The request for authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**General Ortho follow-ups:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

**Decision rationale:** The request for General Ortho follow-ups is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnoses, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. The orthopedic provider stated he only needed to see the injured worker on an as needed basis. Therefore, this request is not medically necessary.