

<b>Case Number:</b>	CM15-0011798		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Arizona  
 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 26-year-old male who reported an injury on 07/18/2013, after a backwards fall while carrying a heavy object. The injured worker's treatment history included physical therapy and chiropractic care. The injured worker was evaluated on 12/04/2014. It was documented that the injured worker had intermittent episodes of low back pain rated at 8/10, impairing his ability to sleep at night. It was documented that the injured worker had radicular symptoms into the right lower extremity that increased with prolonged activity. The injured worker's diagnoses included lumbosacral spine sprain/strain, degenerative disc disease, and lower extremity radiculitis. The injured worker's treatment plan included physical therapy, acupuncture, continued medications, and work restrictions. A request was made for an orthopedic consultation. A Request for Authorization form was submitted on 12/29/2014, to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Chronic Pain Treatment Guidelines.

**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) 7, page(s) 124.

**Decision rationale:** The requested orthopedic consultation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend specialty consultation for complex diagnoses that require additional expertise for treatment planning. The clinical documentation submitted for review does not provide any evidence that the injured worker has exhausted conservative treatment and requires a more specialized consultation for continued treatment planning. It was noted that the injured worker was being prescribed physical therapy, the results of which would need to be determined prior to additional consultation. As such, the requested orthopedic consultation is not medically necessary or appropriate.