

<b>Case Number:</b>	CM15-0112256		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Orthopedic Surgery

### 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 55 year old male who sustained an industrial injury on 08/31/1999. The injured worker was diagnosed with lumbar radiculopathy, status post lumbar and right knee surgery and left knee strain. The injured worker is status post lumbar spine surgery in 2000 and right knee surgery in October 2010. There was no documentation of procedures performed. Treatment to date has included diagnostic testing, surgery, physical therapy, chiropractic therapy, lumbar epidural steroid injection, transcutaneous electrical nerve stimulation (TEN's) unit, bilateral knee braces, lumbar corset, home exercise program and medications. According to the primary treating physician's progress report on April 28, 2015, the injured worker continues to experience low back pain aggravated by movement. Examination demonstrated tenderness of the lumbar paraspinal muscles with painful range of motion of the lumbar spine. Bilateral lower sensation was intact. According to a secondary treating physician's progress report on April 27, 2015, the injured worker described mid and low back pain that radiated up and down the back with muscle spasm. There was tenderness to palpation in the spinal and paraspinal muscles of the lumbar spine and thoracic spine. Current medications are listed as Tramadol ER, Lyrica, Voltaren XR and Prilosec. Treatment plan consists of left epidural steroid injection, physical therapy for lumbar spine, right and left knees, acupuncture therapy, discontinue Mobic and add Voltaren XR, lumbar corset and bilateral knee braces for support, follow-up appointments with pain management and the current request for an orthopedic specialist consultation for the lumbar spine and bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an orthopedic specialist for the lumbar spine and bilateral knees:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited from 4/27/15 do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the determination is for not medically necessary.