

<b>Case Number:</b>	CM15-0117963		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 49-year-old male who sustained an industrial injury on July 17, 2009. He has reported lower back pain radiating down to both lower extremities right greater than left and has been diagnosed with lumbar post laminectomy syndrome post L4-5 interbody fusion, right lower extremity radiculopathy, history of left chip avulsion fracture, left ankle, and right femur status post ORIF. Treatment has included surgery, medications, medical imaging, injections, and physical therapy. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points, which were palpable and tender throughout the lumbar paraspinal muscles. He had obvious muscle guarding with range of motion and decreased range of motion. The treatment request included an endocrinologist consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocrinologist consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

**Decision rationale:** This 49 year old male has complained of low back pain since date of injury 7/17/09. He has been treated with surgery, injections, physical therapy and medications. The current request is for endocrinologist consult. There is no clear documentation regarding provider expectations from an endocrinology consultation or rationale for obtaining an endocrinology consultation. On the basis of the available medical records and per the ACOEM guidelines cited above, endocrinology consultation is not indicated as medically necessary.