

<b>Case Number:</b>	CM15-0119393		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/21/2015
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 58 year old male who sustained an industrial injury on April 21, 2015. He has reported lower back pain, neck pain, upper back pain, right hip pain, and right ankle and foot pain and has been diagnosed with thoracic spine strain, lumbar spine strain, right hip pain, and right ankle/foot strain. Treatment has included medical imaging. There was diffuse lumbar spine tenderness. Straight leg raise was negative. There was diffuse tenderness to the hips and ankles and feet. There was pain to the thoracic and lumbar spine. There was right hip pain with range of motion and right ankle pain with range of motion. The treatment request included an orthopedic consultations 3 times per week for one to three months for lumbar, thoracic spine, right hip, right ankle and foot and follow up with an orthopedic surgeon x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultations 3 times per week for one to three months for lumbar and thoracic spine, right hip, right ankle and right foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no documentation that the patient response to pain therapy falls outside the expected range. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. There is no justification for the request for several consecutive consultations without documentation of the outcome. Therefore, the request for Orthopedic consultations 3 times per week for one to three months for lumbar and thoracic spine, right hip, right ankle and right foot is not medically necessary at this time.