

<b>Case Number:</b>	CM15-0064995		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Minnesota, Florida  
 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 54 year old female, who sustained an industrial injury on 5/6/10. She has reported initial complaints of injuries to the neck, back, shoulder, elbow, arm, wrist, hand, right leg, ankle and foot after stepping into a grassy unmarked hole on the lawn at work and losing balance and landing on her buttocks with right foot and leg still in the hole. The diagnoses have included lumbar radiculopathy secondary to herniation without myelopathy, internal derangement of the knee, cervicgia, pain in the neck and depression. Treatment to date has included diagnostics, epidural steroid injection (ESI), nerve block, and physical therapy 8 sessions, cognitive behavioral therapy, psychiatric, and Functional Restoration Program .The diagnostic testing that was performed included x-rays and Magnetic Resonance Imaging (MRI). The lumbar Magnetic Resonance Imaging (MRI) dated 5/21/14 revealed degenerative changes and severe lumbar neural foraminal narrowing. The x-rays of the cervical spine revealed vertebral disc space narrowing. Currently, as per the physician progress note dated 2/23/15, the injured worker complains of neck, low back, right knee and hip pain described as moderate and dull. The right knee and ankle were reported to be swelling recently. She states that the symptoms are worsening and she is getting flare-ups more. The pain was rated 8/10 on pain scale without medications. She reports that she discontinued the e Functional Restoration Program after 4 weeks but admits to some benefit. The physical exam revealed that she appeared depressed and sits uncomfortably, decreased lumbar range of motion, tenderness to palpation in the lumbar muscles bilaterally, and there is point tenderness to palpation over the greater trochanter on the right consistent with trochanteric bursitis. Treatment plan was for x-ray

of the knee and right ankle due to swelling. It was noted that she is not taking her analgesic medications. There was no recent physical therapy sessions noted and there was no previous urine drug screen noted. The work status was temporary total disabled until next visit. The physician requested treatment included one orthopedic consultation as an outpatient. This was requested for low back pain related to Spondylolisthesis and degenerative changes in the lumbar spine. In an appeal the provider noted that an orthopedic consultation for low back issues had not been performed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One orthopedic consultation as an outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Office Visits.

**Decision rationale:** ODG guidelines recommend office visits to the offices of medical doctors as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The provider is requesting an orthopedic consultation for the lower back. There is documentation of spondylolisthesis and chronic low back pain. As such, the request is supported and the medical necessity of the request has been substantiated.