

<b>Case Number:</b>	CM15-0073778		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Physical Medicine & Rehabilitation, 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 48 year old male injured worker suffered an industrial injury on 06/05/2014. The diagnoses included extremity pain. The diagnostics included left ankle x-rays and magnetic resonance imaging. The injured worker had been treated with medications, cervical epidural steroid injections and physical therapy. On 3/20/2015, the treating provider reported low back pain rated as 2/10 with medications and 6/10 without medications. There was tenderness over the heel and mid foot. The treatment plan included neurosurgeon and orthopedic surgeon. On the 4/24/15, progress note the treatment plan states that the patient prefers conservative measures of pain relief over surgery at this time. The patient has deep tissue therapist for plantar fasciitis and will attempt to lose weight. The referral for a second opinion on the left foot is pending and orthotics are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist referral to neurosurgeon Qty: 1:** 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 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- office visits.

**Decision rationale:** Specialist referral to neurosurgeon Qty: 1 is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that the patient does not wish to have surgical interventions at this time. It is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary.

**Specialist referral to orthopedic surgeon, for the left foot Qty: 1:** 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 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- office visits.

**Decision rationale:** Specialist referral to orthopedic surgeon, for the left foot Qty: 1 is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that the patient does not wish to have surgical interventions at this time. It is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary.