

<b>Case Number:</b>	CM15-0074192		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	04/01/2015
<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: 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 58 year old male, who sustained an industrial injury on October 6, 2011. The injured worker was diagnosed as having strain of left ankle, lumbar pain, lumbar disc disease, lumbago, other and unspecified disc disorder of lumbar region, encounter for preventive health examination, hyperlipidemia, chronic left ankle pain and chronic headaches. Treatment to date has included diagnostic studies, medication, ice and rest. On February 12, 2015, an MRI of the lumbar spine showed multilevel degenerative changes of the lumbar spine superimposed upon a congenitally narrowed spinal canal in combination with epidural lipomatosis, which results in moderate to severe central canal narrowing at L4-L5 with additional degenerative changes noted. On March 25, 2015, the injured worker complained of intermittent low back pain bilaterally. There was radiation of the pain to the left calf and left great toe. He described the pain as dull and shooting in nature. The current pain level was 5 on a 1-10 pain scale. His symptoms were noted to be unchanged. Exacerbating factors included bending, lifting, sitting and walking. Examination of the lumbosacral spine revealed swelling and tenderness. Bilateral muscle spasms were noted and straight leg raise test was positive. The treatment plan included orthopedic spine referral. On April 1, 2015, utilization review denied a request for ortho spine evaluation and treatment.

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

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

**Ortho spine evaluation and treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** This 58 year old male has complained of ankle pain and low back pain since date of injury 10/6/2011. He has been treated with physical therapy and medications. The current request is for ortho spine evaluation and treatment for evaluation of headaches. The available medical records do not document provider rationale for the requested orthopedic consultation, nor is there documentation of patient symptomatology or physical examination findings supporting an orthopedic cause of headaches. Based on the available medical documentation and per the guidelines cited above, ortho spine evaluation and treatment is not medically necessary.