

<b>Case Number:</b>	CM14-0138922		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 27 year old male who was injured on 11/03/2012 when he lifted a bed and felt immediate pain in his back. He has had 12 sessions of physical therapy in the past as well as chiropractic care. He had a medical branch block on 05/16/2014 but its benefit is not documented. Initial orthopedic consultation report dated 03/17/2014 indicates the patient presented with pain in the low back and buttock with radiation particularly to the right lower extremity. He reported his pain is aggravated by activity. On exam, lumbar spine range of motion revealed flexion to 20 degrees; extension to 5 degrees; right lateral bending to 25 degrees; right rotation to 30 degrees; and left rotation to 30 degrees. Sitting straight leg raise is positive as well as supine straight leg raise at 40 degrees. The patient is diagnosed with lumbosacral strain, with radicular complaints and lumbar disc herniation at L2-3, L4-5 and L5-S1. He has been recommended for referral to spine specialist and repeat MRI of the lumbar spine. Prior utilization review dated 07/28/2014 states the request for Referral to Spine Specialist for Evaluation; and Repeat MRI Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Spine Specialist for Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127 and Official Disability Guidelines: Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examination and Consultation, page(s) 503

**Decision rationale:** According to the ACOEM guidelines, the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is encouraged to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. In this case, the supporting documentation indicates persistence pain and symptoms; however, there is limited evidence of current physical examination findings and specific functional deficits that correlate to the findings to support the necessity of this consultation. Therefore, this request is not medically necessary.

**Repeat MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that for patient with limitations of activity after four weeks and unexplained physical findings, such as effusions, neurological deficits or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. In this case, there is no documentation of any neurological changes from prior MRI findings to support the necessity of this request. Therefore, this request is not medically necessary.