

<b>Case Number:</b>	CM14-0141961		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Emergency Medicine and is licensed to practice in California. 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:

This is a patient with a reported date of injury on 1/7/2013. No mechanism of injury was described as a lifting injury. Patient has a diagnosis of sprain and strain of lumbar region, disc herniation and lumbar radiculopathy. Medical reports reviewed. Last report available until 8/13/14. Random progress notes from 2008 until present numbering over 250 pages were sent for review. These progress notes were irrelevant and were not reviewed. Patient complains of low back pain. Also has cramping. Pain radiates to both legs, right side worse than left side. Objective exam reveals tenderness to right paraspinal area from L2-L5. Decreased range of motion. X-ray of Lumbar spine was reportedly normal. MRI of Lumbar spine (4/11/14) revealed L4-5 disc bulge, ligamentum flavum hypertrophy, facet arthropathy, minimal bilateral foraminal stenosis; L5-S1 right paracentral and foraminal disc extrusion up to 9mm with annular tear. Right lateral recess and right foramen stenosis. Patient is reportedly on Flexeril, Norco and Tramadol. Independent Medical Review is for Ergonomic evaluation. Prior UR on 8/25/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back-lumbar and thoracic>, <Ergonomic interventions>

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not adequately deal with this topic. ACOEM section on back pain has some information concerning patient education via "back school" but no information about ergonomics. The Official Disability Guidelines (ODG) recommend ergonomic intervention as part of return-to work program. Evidence does not really show prevention but does show improved return-to work outcomes. As part of a plan for a patient attempt to return back to work, ergonomic evaluation is medically necessary.