

<b>Case Number:</b>	CM13-0038508		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old male who reported an injury on 08/16/2012. The injured worker had a recent clinical evaluation dated 09/03/2013. The injured worker's complaints were low back pain described as sharp, aching pain with shooting pain into the lower extremities bilaterally. He rated the pain at 8/10. He reported that the pain is increased with prolonged sitting, walking, bending, extending his back, dressing, performing household chores and showering. The injured worker reported and described intermittent pain shooting, and burning, like pins and needles on the left side of his abdomen rated a 4-6/10. He reported that bending, walking, and carrying increased the pain. He complained of anxiety and stress. He indicated that use of pain medication improved symptoms. Upon examination the injured worker had tenderness of the lumbar spine paravertebral muscles bilaterally with muscle guarding. Straight leg raise was positive on the right at 20 degrees, sitting root test was positive on the right, standing Kemp's test was positive bilaterally. Range of motion was impaired in the lumbar spine with flexion of 40 degrees, extension of 15 degrees, right rotation was 25 degrees and left rotation was 20 degrees with pain. The treatment plan was a referral for a hernia specialist and a psychiatric consultation. A request for authorization for medical treatment is included in the submitted documentation and dated 09/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL VISIT WITH [REDACTED] (RETROSPECTIVE):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 127 & 156, and Non-MTUS Citation: Official Disability Guidelines (ODG), Pain Chapter.

**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 PAIN, OFFICE VISITS.

**Decision rationale:** The request for initial visit with [REDACTED] (retrospective) is certified. The injured worker reportedly sustained a low back injury and was diagnosed with lumbosacral myofascitis with radiculitis. The Official Disability Guidelines (ODG) allows for office visits when necessary so that an injured worker can return to normal function. Based on the documentation provided, the injured worker had symptoms consistent for an initial office visit with [REDACTED] of the Center for Orthopedics Rehab. The injured worker had ongoing symptoms that were unresponsive to conservative care. Therefore, the decision is certified.