

<b>Case Number:</b>	CM14-0088239		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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. 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: Nevada

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 records presented for review, indicate that this 33-year-old female was reportedly injured on 5/15 2013. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 5/31/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine positive tenderness to palpation of the bilateral trapezius muscles with noted muscle spasm and tenderness to palpation of the right and left lumbar area. No extremity deformity or tenderness otherwise noted. Strength 5/5 was with normal sensation and gait. No recent diagnostic studies are available for review. Previous treatment included medications, and conservative treatment. A request had been made for referral to a spine specialist and was not certified in the pre-authorization process on 6/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine specialist referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286 & 305-306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004),<sup>6</sup> ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** MTUS/ACOEM practice guidelines state, "The occupational health practitioner may refer to other specialists 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." Review, of the available medical records, documents low back pain without radicular symptoms at the last office visit but fails to give a clinical reason to transfer care to a spine specialist without diagnostic studies for review to include lumbar spine radiographs and MRI. As such, this request is not considered medically necessary.