

<b>Case Number:</b>	CM15-0222082		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/23/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 32 year old male, who sustained an industrial injury on 9-23-2015. He reported low back pain. On 9-24-15 exam reveals tenderness to lumbar spine with flexion at 60 degrees and extension is 10 degrees with all range of motion painful. The injured worker was diagnosed as having strain of muscles, fascia and tendon of lower back. Treatment to date has included medications and physical therapy. The injured worker complains of pain in low back bilaterally, exacerbated by sitting and standing. He rates his pain 6-7 out of 10 on the pain scale with 10 being the worst. Per physical therapy note on 10-1-2015, IW continues to have low back pain with moderate tenderness; his progress is slower than expected. His flexion is 60 degrees and extension is 20 degrees. On 10-20-2015 progress notes, the IW complains of pain as the same and constant. The exam is tenderness to lumbar spine, left and right para-spinal. Plan is to start cyclobenzaprine, Ibuprofen, Methylprednisolone and physiatrist referral. The UR decision, dated 10-28-2015, denied physiatrist referral for evaluation and treatment for the management of bilateral low back pain. The request for authorization, dated 11-4-2015 is for a physiatrist referral for evaluation and treatment for the management of bilateral low back pain. Patient had received 4/6 PT visits for this injury. The patient had received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Physiatrist Referral for evaluation and treatment, for the management of bilateral low back pain: Overturned**

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

**Decision rationale:** 1 Physiatrist Referral for evaluation and treatment, for the management of bilateral low back pain. Per the cited guidelines, "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." On 9-24-15 exam reveals tenderness to lumbar spine with flexion at 60 degrees and extension is 10 degrees with all range of motion painful. The injured worker was diagnosed as having strain of muscles, fascia and tendon of lower back. The injured worker complains of pain in low back bilaterally, exacerbated by sitting and standing. He rates his pain 6-7 out of 10 on the pain scale with 10 being the worst. Per physical therapy note on 10-1-2015, IW continues to have low back pain with moderate tenderness; his progress is slower than expected. His flexion is 60 degrees and extension is 20 degrees. On 10-20-2015 progress notes, the IW complains of pain as the same and constant. The exam is tenderness to lumbar spine, left and right para- spinal. The patient had abnormal objective findings. The presence of psychosocial factors and the reasons for progress being slower than expected need to be evaluated further. The management of this case would be benefited by a 1 Physiatrist Referral for evaluation and treatment. The request for referral to a 1 Physiatrist Referral for evaluation and treatment, for the management of bilateral low back pain is medically necessary and appropriate for this patient.