

<b>Case Number:</b>	CM14-0119647		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Nevada. 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 records, presented for review, indicate that this 42-year-old individual was reportedly injured on 2/14/2013. The mechanism of injury was noted as a work related injury when the claimant was knocked over by a forklift. The most recent progress note, dated 6/9/2014, indicated that there were ongoing complaints of low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated lumbar spine flexion 40, extension 15, and lateral flexion 15 bilaterally. Straight leg raise and femoral stretch were positive bilaterally. There was tenderness to the lumbar spine with spasms. There was also decreased sensation in the bilateral lower extremities at L5-S1 dermatomes. No recent diagnostic studies are available for review. Previous treatment included chiropractic care, lumbar epidural steroid injection, medication, and conservative treatment. A request had been made for referral to ear, nose and throat physician and was not certified in the pre-authorization process on 6/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT (Ear, Nose and Throat) referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Consultations.

**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),

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." A review, of the available medical records, documents low back with radicular symptoms to the bilateral lower extremities at the last office visit but fails to give a clinical reason to transfer care to an ENT specialist. As such, this request is not considered medically necessary.