MAXIMUS Federal Services

| Case Number: | CM13-0028114 | | |
|---|---|---|---|
| Date Assigned: | 11/22/2013 | Date of Injury: | 04/24/2012 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/21/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 claimant is a 37 year old male whose date of injury is 4-24-2012. The Doctor's First Report written on the date of injury by [redacted] states that injury occurred when he was bending over to replace a hubcap. During a later physical medicine and rehabilitation consultation on 7-9-2013 with [redacted], the claimant reported the mechanism of injury to be a fall, landing on his back and on to some tools on the ground. Subjective complaints at the time were low back pain and right leg numbness and tingling. Objective findings were paravertebral tenderness on the left, bilateral positive straight leg testing at 90 degrees, normal motor and sensory of the lower extremities. The claimant has undergone one LESI by [redacted] on 2-13-2013 for a diagnosis of lumbosacral disc injury with radiculopathy. [redacted] reports the claimant's medication to be Cybalta, Norco, Butrans patch, and Etodolac ER. Follow up examination of the claimant by [redacted] on 9-20-2013 again notes low-back pain 8/10 with right leg numbness and tingling; the physical examination was unchanged. A Utilization Review decision on 9-13-2013 recommended non-certification of a consultation with a pain management specialist due to lack of documentation of improvement in functional capacity and duration/extent of the pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**pain management consultation:** 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, Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The medical record does not demonstrate that the claimant has had continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In addition, the claimant reports only dermatomal numbness and tingling, not radicular pain.