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| <b>Case Number:</b>   | CM13-0039766 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 11/01/2000 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2013 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 37-year-old female who reported an injury on 11/01/2000. The mechanism of injury was not provided for review. The patient underwent lumbar fusion of the L3-4, L4-5, and L5-S1 levels without significant benefit. It was noted that the patient continues to experience chronic intractable low back pain. Attempts to manage the patient's pain included medication usage. The patient's most recent clinical exam findings included motor strength of the lower extremities rated 5/5, a normal gait and no assistive devices. The patient's diagnoses included chronic intractable low back pain, neuropathic pain, failed back syndrome, chronic pain syndrome, chronic neck pain, and myofascial pain syndrome. The patient's treatment plan included continued medications and psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Risk Management, 8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) 6, pages 163.

**Decision rationale:** The requested Risk Management, 8 sessions, is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has chronic low back pain. American College of Occupational and Environmental Medicine recommend specialty consultations when additional expertise is needed to assist with the patient's treatment plan. Although the documentation does indicate that the patient's chief diagnosis is complicated in nature and may benefit from additional consultation, the request as it is written is for Risk Management for 8 sessions. There is no documentation to support extended specialty consultations for 8 sessions. As such, the requested Risk Management, 8 sessions is not medically necessary or appropriate.