

<b>Case Number:</b>	CM13-0040815		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/04/1995
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 injured worker is a 67-year-old male who was reportedly injured on 4/4/1995. The mechanism of injury was noted as a slip and fall. The most recent progress note dated 10/7/2013, indicates that there were ongoing complaints of neck and lower back pain with numbness in the hands and lower extremities bilaterally. The physical examination demonstrated cervical/lumbar spine limited range of motion in all planes of the cervical and lumbar spines and positive tenderness to palpation throughout the lumbar and cervical region bilaterally with associated mild spasm. Positive straight leg raise bilaterally caused low back pain. Foraminal compression in the cervical spine caused local cervical spine and upper thoracic pain. No recent diagnostic studies were available for review. Previous treatment included medications such as Lorcet, Norco and Flexeril. A request had been made for referral to pain specialist and was not certified in the pre-authorization process on 10/1/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain specialist:** 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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** After review of the medical documentation provided, it was noted that the patient did have chronic neck and back pains with associated radicular symptoms. However, there was no documentation stating the patient's pain was not controlled with the current medication regimen. Lacking subjective and/or objective documentation to support the need for this referral, this request is deemed not medically necessary at this time.