

<b>Case Number:</b>	CM13-0043043		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland, and Florida. 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 38-year-old Hispanic male who has reportedly sustained work related injury due to a slip and fall on concrete floor while pouring 2nd coat of seal oil on pavement of parking lot. He landed on concrete by his left knee and fell backward hurting his low back. He has constant low back and left knee pain shooting down legs equally with tingling, numbness and paresthesia. His pain is constant, sharp, shooting, burning and aching in character. Prolonged walking, standing and bending lifting heavy objects make his pain worse. He scores his pain 6-7/10 on VAS. He copes with pain fairly. He is functionally limited. He has undergone for multiple physical therapies as well as 2 times left knee injection with significant improvement.. Currently, he receives medication management from [REDACTED]. His physical examination is almost within normal limits. His motor strength exam is also within normal limits. His left knee does not show any significant new changes or re-tear of meniscus. His MRI of Lumbar spine is positive for lumbar degenerative disc disease at L4-L5 and L5-S1 level with bulges and neuroforaminal stenosis. 1/21113, AME Ortho: The patient is considered to be at MMI. Future medical treatment included periodic 4-6 office visits per year. use of medications for symptomatic pain and spasm control of symptoms that arise from his injury. He should try over-the-counter medications NSAIDs. Since he can return to his usual and customary work, he does not need any work hardening or functional restoration program. Different physical modalities including by therapy or acupuncture therapy should be offered during flare-up. Patient's home exercise program to include range of motion, stretching and strengthening. He would need 12 visits physical therapy yearly for his left knee and low back to keep him at optimal functional level and avoid deconditioning for the next 2 years. He may need lumbar epidural steroid injections. Orthopedic referral should remain open if he does not respond to conservative care. In the most

recent medical report dated 10/2/13 [REDACTED]: wrote Subjective: He reports worsening low back pain but not leg pain. He is also having continued problems with his knee. Objective: Markedly diminished lumbar range of motion to flexion, extension and lateral side tilt. He was tender to any palpation throughout his low back and buttock. Reflexes intact, no active signs of radiculopathy. He has had a significant amount of care including rest, medicines and physical therapy. He is not a surgical candidate. Current medications: Omeprazole 20mg one bid, Tramadol 50mg one tab up to twice/day. At issue is request for a one Pain Management Evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One Day Pain Management Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Page(s): 31-32.

**Decision rationale:** The claimant did not meet the criteria for a One day pain Management Evaluation since there is no documentation of any flare-up of chronic pain. No mention of any recent physical therapy. There is no evidence of excessive opiate/narcotic use and besides the AME report indicated that the patient has reached maximum level of improvement, therefore his condition is now permanent and stationary. There is no evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain.