

<b>Case Number:</b>	CM13-0052570		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 & Rehabilitation 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 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 53-year-old male who reported an injury on 09/16/2011. The mechanism of injury was lifting. The injured worker was originally prescribed a course of anti-inflammatories and physical therapy. As none of these modalities provided relief, the injured worker then received a trial of acupuncture, also without relief. It was also noted that the injured worker was maintained on oral medications for pain control through the middle of 2012. At that time, the injured worker was referred to a pain management specialist and was given an epidural steroid injection with no relief, and later facet joint injections with approximately 50% relief for 6 weeks. The injured worker then received a radiofrequency thermal coagulation on 05/24/2013 that provided 70% relief for 2 weeks, 50% relief with increased functioning after 3 months. Although unclear, the medical records submitted for review indicate that the injured worker has been receiving pain management treatment since 05/2012. There was no other information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A PAIN MANAGEMENT CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend referrals be made if a practitioner is uncomfortable treating a particular cause of delayed recovery. Although the injured worker was suffering from chronic pain and it was appropriate that he be referred to a chronic pain specialist, the medical records submitted for review indicate that the patient has been under chronic pain management since 2012. Therefore, it is unclear why a new pain management consultation is being requested. Until this matter can be clarified, the medical necessity cannot be established. As such, the request for pain management consultation is non-certified.

**AN MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, MRI

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address the need for repeat MRIs; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines do not recommend repeat MRIs unless there is a significant change in symptoms, to include neuropathic or myelopathic progression. The most recent clinical note submitted for review is dated 12/16/2013 and did not indicate that the injured worker was experiencing a change in symptoms. It was noted that he had good strength throughout the lower extremities and that he was neurologically intact. As the injured worker received a prior MRI in 2011 and has not experienced a change in symptoms, a repeat study is not indicated at this time. As such, the request for MRI lumbar spine is non-certified.