

<b>Case Number:</b>	CM13-0054234		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/25/1998
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 25, 1998. Thus far, the applicant has been treated with analgesic medications, attorney representation, muscle relaxants and extensive periods of time off of work. In a utilization review report of October 17, 2013, the claims administrator denied a request for a pain management consultation with possible epidural steroid injections. The claims administrator based this denial on lack of clear cut radiculopathy. In an August 4, 2013 neurosurgery note, it is stated that the applicant is having difficulty in terms of activities of daily living. The applicant is using a cane. The applicant apparently is requesting a home health aide for housekeeping purposes. Multiple progress notes interspersed throughout 2012 are notable for comments that the applicant reports ongoing issues with headaches, back pain, and memory loss. On June 26, 2013, the applicant was given Norco, Aricept, Flexeril, Ambien, Pamelor, Aciphex, Motrin, and Imitrex. Aricept is apparently given for memory loss while Imitrex is apparently issued for migraine headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN MANAGEMENT CONSULT WITH POSSIBLE EPIDURAL INJECTION:**

Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Guidelines, Low Back, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether specialist evaluation is necessary. In this case, the applicant has longstanding low back pain issues. The applicant is also having a variety of other comorbid problems, including neck pain, headaches, migraines, memory loss, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, to consider other treatment options, including possible epidural injections, is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.