

<b>Case Number:</b>	CM13-0063762		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 March 22, 2011. Thus far the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; psychotropic medications for derivative complaints of depression; earlier lumbar fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated December 3, 2013, the claims administrator denied a request for consultation with a neurologist for the applicant's chronic low back pain. The claims administrator invoked non-MTUS ODG Guidelines and non-MTUS Chapter 7 ACOEM Guidelines in its denial. The rationale was sparse and negligible. No clear basis for the denial was furnished. The applicant's attorney subsequently appealed. In a progress note dated April 28, 2014, the applicant reported persistent complaints of low back pain. The applicant reported persistent complaints of 8/10 to 10/10 low back pain. The applicant reported issues with physical exhaustion, depression, anxiety, and tearfulness. The applicant had been off of work for over two years. The applicant is using Celexa, eight tablets of Percocet daily, baclofen, and Motrin with "no relief." A functional capacity evaluation was endorsed while the applicant was placed off work, on total temporary disability. It was suggested that the applicant might benefit from a functional restoration program. In a March 4, 2014 progress note, the applicant's primary treating provider suggested that the applicant consider a pain management consultation. On April 2, 2014, the applicant's primary treating provider again suggested that the applicant could consider university consultation, a second opinion surgical consultation, and/or pain management consultation.

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

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

**Consultations - neurology, for the lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):  
1.

**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 to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant continues to report severe pain complaints from visit to visit following earlier failed lumbar fusion surgery. The applicant is using a variety of psychotropic and analgesic medications, without seeming relief. Obtaining the added expertise of a physician in another specialty, such as Neurology, is therefore indicated. Accordingly, the request is medically necessary.