

<b>Case Number:</b>	CM13-0065496		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 57-year-old male who reported an injury on 12/08/2011. The mechanism of injury was not provided. Current diagnosis is low back pain. The injured worker was evaluated on 11/21/2013. The injured worker reported persistent lower back pain. Physical examination was not provided. Treatment recommendations included a referral to pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT REFERRAL TO [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary, updated 10/14/13.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment

plan. As per the documentation submitted, there is no evidence of a physical examination. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit. There is also no documentation of an attempt at conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. As such, the request is for pain management referral to [REDACTED] is not medically necessary and appropriate.