

<b>Case Number:</b>	CM13-0068276		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 37-year-old female who reported an injury on 04/11/2013. The mechanism of injury was not stated. Current diagnoses include left-sided sacroiliac strain, disc herniation in the lumbar spine with lower extremity radiculopathy, disc bulge at L4-5, annular fissure at L5-S1, and recent onset of neck and upper extremity complaints. The latest physician progress report submitted for this review is documented on 11/15/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness at the left SI joint, tenderness at L5-S1, positive straight leg raising and positive Faber's testing. Treatment recommendations included a pain management consultation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN MANAGEMENT CONSULTATION AND TREATMENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 7, 127

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

**Decision rationale:** The ACOEM 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. The injured worker does report improvement in symptoms with the current medication regimen. There is no mention of an exhaustion of conservative treatment to include exercises, physical therapy, or medications. The injured worker also reported pain relief after an initial lumbar epidural steroid injection on 09/26/2013. The medical necessity for a pain management consultation at this time has not been established. Based on the clinical information received, the request is not medically necessary and appropriate.