

<b>Case Number:</b>	CM14-0003331		
<b>Date Assigned:</b>	05/19/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Interventional Spine 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 patient is a 36-year-old female with date of injury of 09/23/2010. The listed diagnoses per [REDACTED] dated 10/16/2013 are: 1. Degenerative disk changes at L4-L5 and L5-S1; and 2. Slight scoliosis with a lateral tilt to the right side, no spondylolisthesis. According to this report, the patient complains of back pain from her work as a police officer. She has been aggressive with doing her exercises on her own and has lost about 30 pounds. Overall, the back pain is doing better, but she still reports pain in the back, radiating to the right side and occasionally down into the hamstrings. She has had several episodes where it is very sharp and severe. The physical exam shows that the lumbar spine has good range of motion. There is no numbness or tingling into the toes. There is no weakness on dorsiflexion and plantarflexion and no nerve impingement signs. The utilization review denied the request on 12/13/2013 stating, "Referral for a pain management consultation is not indicated at this time."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) REFERRAL TO PAIN MANAGEMENT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127.

**Decision rationale:** The patient presents with chronic back pain. The treater is requesting a referral to pain management. The ACOEM Guidelines states that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when plan or course of care may benefit from additional expertise. The progress report dated 12/06/2013 documents, "I think having her pain addressed through a pain management specialist, I can categorically say there is no surgery that I would recommend at this point, but I do think that having a pain management specialist giving her certain opportunities to work with medications might be of help for her." In this case, the treater is requesting the expertise of a pain management doctor in order to address the patient's chronic condition. The request is medically necessary.