

<b>Case Number:</b>	CM14-0105813		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 39-year-old female who reported an injury on 12/28/2011. The mechanism of injury was a slip and fall at work, injuring her lower back, left knee, right arm, and her left foot. The injured worker has diagnoses of cervical radiculopathy, chronic pain syndrome, and neck pain. The injured worker's past treatment includes epidural steroid injection of the lumbar spine, cortisone injections, acupuncture, physical therapy, and medication therapy. An MRI of the lumbar spine indicated that the injured worker had a right lateral recess and lateral foraminal compromise at L4-5. An MRI of the cervical spine indicated right lateral recess and proximal neural foramen at C5-6. An EMG done on 10/18/2002 revealed that the injured worker had mild ulnar motor neuropathy and mild median sensory neuropathy at the wrist. Left upper and lower extremity nerve conduction studies were unremarkable. The injured worker complained of low back and lower extremity pain. The injured worker also complained of back pain, knee pain, and intermittent numbness in her arms. There were no measurable pain levels documented in the submitted report. Physical examination dated 06/26/2004 of the cervical spine revealed that the injured worker had tenderness to palpation at all levels bilaterally. Examination did not reveal any range of motion or motor strength deficits that the injured worker might have had. The injured worker's medications are Delaxin 60 mg daily, Miralax 17 g with 8 ounces of water, Colace 100 mg 2 times a day, Probiotics twice daily, Norco 10/325 every 4 hours, Gabapentin 300 mg. The treatment plan is for a pain medication consult. The rationale and the request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Medicine Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, Chapter 7 Independent Medical Examination and Consultations, Page 127.

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

**Decision rationale:** The request for Pain Medicine Consult is not medically certified. The injured worker complained of low back and lower extremity pain. The injured worker also complained of back pain, knee pain, and intermittent numbness in her arms. There were no measurable pain levels documented in the submitted report. The California Chronic Pain Medical Treatment Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 05/01/2014 stated that the injured worker's condition was worsening. The injured worker also stated to be continuing her medication treatment as prescribed, but there was no evidence of any pain levels that were taken before, during, and after the medication. Furthermore, there was no recent urinalysis submitted in the report. The submitted reports did indicate that the injured worker's pain had not been adequately controlled with her current treatment, but reports lacked any quantified evidence of having trialed and failed other means of pain management. The report also lacked any functional deficits the injured worker might be having. As such, a pain medicine consult would not be supported. Therefore, the request for a pain medicine consult is not medically necessary.