

<b>Case Number:</b>	CM14-0110138		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/28/1999
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 70-year-old female with a 10/28/99 date of injury. At the time (6/26/14) of request for authorization for referral for Pain Management x1 for consideration of injections, submitted diagnosis lumbar (lower back) degenerative disc disease, as an outpatient, there is documentation of subjective (low back pain with radiation down the right leg to the foot, numbness to the right great toe, aching sensation in the right leg) and objective (lumbar tenderness, limited range of motion, patella reflex trace bilaterally, right Achilles reflex absent, positive right straight leg raise) findings, current diagnoses (lumbosacral sprain/strain, multilevel degenerative disc disease, and mild lumbar central canal stenosis), and treatment to date (home exercise program, TENS, and medications). There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for Pain Management x1 for consideration of injections, submitted diagnosis lumbar (lower back) degenerative disc disease, as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-<https://www.acoempracguides.org/Low Back; Table 2, Summary Of Recommendations, Low Back Disorders>.

**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) Independent Medical Examinations and consultations, page(s) 127.

**Decision rationale:** The MTUS reference to ACOEM Guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. In addition, before the requested injections can be considered medically appropriate, it is reasonable to require documentation of which specific injections are being requested and for which diagnoses/conditions that the requested injections are indicated. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain/strain, multilevel degenerative disc disease, and mild lumbar central canal stenosis. However, given no documentation of which specific injections are being requested and for which diagnoses/conditions that the requested injections are indicated, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for referral for Pain Management x1 for consideration of injections, submitted diagnosis lumbar (lower back) degenerative disc disease, as an outpatient is not medically necessary.