

<b>Case Number:</b>	CM14-0112887		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Georgia. 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 claimant presents with chronic pain following a work related injury on 5/22/2012. The claimant was diagnosed with lumbar spine disc herniation at L5-S1 with spinal stenosis, bilateral hand carpal tunnel syndrome. The claimant is status post carpal tunnel release. On 5/07/2014, the claimant complained of pain in the lower back that radiates down the left lower extremity. On examination, the hands had point tenderness over surgical scars, lumbar spine showed spasm in the right lower back, pain with motion, point tenderness in the right lower back, positive Lasegue's test on the right and limited range of motion in extension and lateral bending to 20 degrees, decreased sensation to the fourth and fifth fingers of bilateral hands, muscle weakness in the right ankle evertor graded 4/5 and decreased sensation in the lateral aspect of the right foot. A claim was made for consultation with a pain management specialist (lumbar/bilateral wrists).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a pain management specialist (lumbar/bilateral wrists): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014).

**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 and MTUS ACOEM Practice Guidelines page 92.

**Decision rationale:** Consultation with a Pain Management Specialist (lumbar/bilateral wrist) is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above guidelines; therefore, the requested service is not medically necessary.