

<b>Case Number:</b>	CM14-0132439		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational 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 claimant was injured on 03/22/12. An outpatient evaluation and treatment are under review. He reportedly injured multiple body parts. His current diagnoses include cervical and thoracic sprain, inguinal hernia, and he is status post lumbar surgery. He was seen on 08/05/14 and had pain in the bilateral legs with straight leg raises positive at 60 . He had decreased sensation at L5-S1. A pain management evaluation and treatment were recommended. The request was modified to an evaluation only. He had pain to both legs. He also had pain in the right wrist due to use of a cane. He had positive straight leg raise test bilaterally with decreased sensation. He had a CT scan of the lumbar spine on 06/27/13. He was status post discectomy and fusion at L4-5 with hardware. He also had partial lateral L4 laminectomy. At L4-5 there was residual facet hypertrophy narrowing the neural foramina and lateral recess. At L5-S1 there was a central disc protrusion effacing the thecal sac and combined with facet hypertrophy narrowed the neural foramina and lateral recesses. There was mild discogenic spondylosis at L2-L4 and L5-S1, and facet arthrosis that was moderate at L5-S1 and mild at L3-4. He had degenerative sacroiliac ankylosis bilaterally and fatty atrophy of the muscles. On 05/19/14 report stated that he would follow-up with the surgeon. It appears that some issues of causality had to be resolved. He saw the surgeon on 02/19/14. He reported pain in the low back radiating down to both lower extremities. He was status post 2 epidural steroidal injections (ESIs) in 2012 and eventually had surgery on May 10, 2012. He had ongoing pain despite the surgery. He had debilitating pain and had been advised to have revision surgery that he wanted to have. He was on medication. He had tenderness to palpation of the cervical spine with numerous trigger points. His lumbar spine had tenderness to palpation with increased muscle rigidity. It had numerous trigger points, also. He had decreased range of motion with obvious muscle guarding. He had decreased range of motion of both areas but good strength and symmetric reflexes. There were disc protrusions

at multiple levels in the cervical, thoracic, and lumbar spines. He received medications and lumbar epidural steroid injections were under consideration. He had a series of 2 epidural injections which provided some relief in the past. He was awaiting authorization for surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient Pain Management Evaluation and Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

**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): Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The history and documentation do not objectively support the request for outpatient pain management evaluation and treatment at this time. The MTUS state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." In this case, the specific indication for this type of evaluation and treatment is unclear as the claimant appears to be awaiting approval for surgery and this is being recommended following pain management attempts, including injections. It is not clear what may be offered by pain management. ESIs were noted as "under consideration" and surgery has been recommended. Under these circumstances, the request for "outpatient pain management evaluation and treatment" is too vague to be deemed medically necessary.