

<b>Case Number:</b>	CM14-0163175		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Injured worker is a 38 year old male with a date of injury on 1/2/2014. Injured worker is status post L4-5 microdiscectomy on 5/8/14. Subjective complaints are of low back pain that radiates of the leg. Pain is rated as 5/10 and the prescribed oxycodone does not relieve pain. Physical exam shows healing surgical scar, no sensory or vascular deficits in the legs. Lumbar range of motion is restricted, and gait is antalgic. Medications include Oxycontin 15mg twice a day. Injured worker was recommended for a spinal cord stimulator trial and consultation with a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, page 127.

**Decision rationale:** ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this injured worker, ongoing low back pain is present and surgical intervention and medications are failing to satisfactorily resolve symptoms. Therefore, Consultation with a Pain Management Specialist is medically necessary.