

<b>Case Number:</b>	CM14-0027194		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 55-year-old male with a 9/19/12 date of injury. At the time (1/31/14) of request for authorization for refer to [REDACTED] for medication, there is documentation of subjective (low back pain and left side rib pain) and objective (tenderness with spasm of the lumbar paravertebral muscles and decreased range of motion of the lumbar spine) findings, current diagnoses (lumbar radiculopathy and lumbar sprain/strain), and treatment to date (medications, physical therapy, acupuncture, and TENS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFER TO [REDACTED] FOR MEDICATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), ODG-TWC Procedure Summary.

**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 127.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar sprain/strain. In addition, given documentation of ongoing treatment with medication, there is documentation that course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for refer to [REDACTED] [REDACTED] for medication is medically necessary.