

<b>Case Number:</b>	CM14-0035117		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 26-year-old male was reportedly injured on October 20, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of low back pain radiating to both lower extremities. Current medications included over-the-counter anti-inflammatories. The physical examination demonstrated tenderness and muscle spasms along the bilateral lumbar paravertebral muscles and slightly decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine was essentially normal. Previous treatment included epidural steroid injections, lumbar facet blocks, and medial branch blocks. A request was made for a referral to pain management for the lumbar spine and was not certified in the pre-authorization process on March 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Pain Management for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - CHAPTER 7, PAGE 127;

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** According to the medical record, the injured employee has had multiple treatments for his lumbar spine pain to include epidural steroid injections, lumbar facet blocks, and medial branch blocks. It is additionally important to note that there was a normal lumbar spine MRI. While the American College of Occupational and Environmental Medicine states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given the injured employee's objective findings; however, this expertise did not appear to be warranted. Without additional justification, this request for a consultation with pain management for the lumbar spine is not medically necessary.