

<b>Case Number:</b>	CM14-0036443		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 patient is a 25 year old male who was injured on 09/26/2013. He sustained an injury when he was transferring a 180 lb woman from the toilet. Prior treatment history has included physical therapy which did not improve symptoms and chiropractic visits. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/28/2013 demonstrated straightening of the normal lumbar lordosis. There are no fractures seen. There are no destructive osseous lesions. The conus medullaris transitions normally at the T12 level. There is normal distribution of the cauda equine nerve rootlets. The paraspinous musculature is normally developed. Progress report dated 02/18/2014 indicates the patient complained of lumbar spine pain in the middle and right mostly. He rates the pain as 7/10. Objective findings on exam revealed tenderness to palpation of the lumbar spine. The range of motion of the lumbar revealed forward flexion to 70 degrees; extension to 20 degrees; right lateral bending to 30; left lateral bending to 30; right rotation to 40 and left rotation to 40 degrees. Diagnosis is lumbar back spine pain sprain/strain. The treatment and plan included pain management of the lumbar spine. Prior utilization review dated 02/25/2014 states the request for pain management consultation is not authorized as there is no indication on examination the need for intervention -type pain management.

### 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 ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <pain management consultation> Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online edition as of 7/2014, Low Back Disorders, Facet Joint diagnostic blocks.

**Decision rationale:** The above ODG guidelines state that suggested indicators of pain related to facet joint pathology are a normal sensory examination; absence of radicular findings, normal straight leg raising exam. As these are suggested indicators, the patient may have facet joint pain and be a candidate for facet or medial branch injection procedures. The above ODG guidelines also state that for consideration of epidural steroid injections the patient is to be Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, which appears to be the case here where the patient has failed NSAIDs and physical therapy. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the Pain Management Consultation is medically necessary.