

<b>Case Number:</b>	CM14-0041965		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/13/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 45 year-old male was reportedly injured on 1/13/2009. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 12/20/2013. Indicates there are ongoing complaints of bilateral elbow pain, low back pain radiating to the tailbone. The physical examination demonstrated bilateral elbows: no tenderness to palpation, range of motion 0-140. Lumbar spine: normal gait, no tenderness to palpation. Sensation intact to light touch to the bilateral lower extremities. Deep tendon reflexes 2+ bilateral lower extremities, muscle strength 5/5 bilateral lower series. Negative straight leg raise. No recent diagnostic studies are available for review. Previous treatment includes: previous surgeries, injections, bracing, physical therapy, and medications. A request was made for a pain management consult and was not certified in the pre-authorization process on 2/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

**Decision rationale:** MTUS ACOEM Guidelines state "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." Review of the available medical records, documents bilateral elbow pain and low back pain without radicular symptoms at their last office visit. The request is for continued pain medication and consideration from epidural steroid injection. After reviewing the medical records provided there is no documentation of radicular symptoms, therefore a steroid injection will not be indicated for this injured worker. As far as his current medication regimen this could easily be followed by the treating physician. This request is deemed not medically necessary.