

<b>Case Number:</b>	CM14-0042577		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 38 year old male whose date of injury is 12/15/2012. The mechanism of injury is described as a fall off a fence. Magnetic resonance image of the lumbar spine dated 01/17/13 revealed 6 mm of spondylitic/spondylolisthesis at L5 with apparent related retrolisthesis of L4 on L5 of 3 mm; posterior disc bulges of 2 mm at L1-2 and 3 mm at L3-4; mild to moderate left sided L4-5 neural foraminal narrowing. Cervical magnetic resonance image dated 01/17/13 revealed posterior disc/osteophyte complex of 3-4 mm at the narrowed C5-6 level and disc bulge of 3 mm at C6-7 as well as disc protrusion of 3 mm at T2-3 with central canal narrowing that is moderate to severe at C5-6, mild at C6-7 and mild to moderate at T2-3. Note dated 10/07/13 indicates that the injured worker is tolerating full duty. Permanent and stationary report dated 12/02/13 indicates that the injured worker has achieved a plateau in his recovery and will be released on this date as permanent and stationary having achieved point of maximum medical improvement. No further acute care is necessary or indicated. The most recent follow up note dated 03/20/14 indicates that low back pain has worsened. Impression notes soft tissue injury to the neck, left shoulder and lower back, and C5-6 and C6-7 degenerative disc disease with right sided disc protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult and treat- consider pain injections/diagnostic injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, 127.

**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) Chapter 7, page 127.

**Decision rationale:** Based on the clinical information provided, the request for pain management consult and treat-consider pain injections/diagnostic injections is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. Permanent and stationary report dated 12/02/13 indicates that the injured worker has achieved a plateau in his recovery and will be released on this date as permanent and stationary having achieved point of maximum medical improvement. No further acute care is necessary or indicated. There is no current, detailed physical examination submitted for review. Therefore, the requested consult is not in accordance with American College of Occupational and Environmental Medicine guidelines, and medical necessity is not established.