

<b>Case Number:</b>	CM14-0045014		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational Medicine 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 37-year-old male who has submitted a claim for sprain of the neck associated with an industrial injury date of October 18, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of headaches; cervical spine pain rated 5-6/10 with numbness, tingling and sharp pain radiating to the left hand; lumbar spine pain rated 8-9/10 with numbness, tingling and sharp pain radiating to the left leg and groin area; and abdominal discomfort rated 2/10. Physical examination showed decreased left hand grip as compared to the right; muscle spasm at C3-C4 and L3-S1; limitation of motion of the cervical and lumbar spine diffuse decreased sensation in the upper extremities; tenderness over the anterior peroneal area; and positive straight leg raise at 70 degrees on the right and 90 degrees on the left. The diagnoses were headaches, cervical/lumbar spondylosis, and neck and low back pain. Treatment plan includes a request for MPN pain management specialist given the persistent lumbar spine pain despite epidural injections, multiple rounds of physical therapy and the progressive radiculopathy of the lower extremities. Treatment to date has included oral analgesics, physical therapy, and lumbar epidural injections. Utilization review from March 12, 2014 denied the request for Consult-Pain Management (eval and treat) because records suggested referral to a spine physician and not to a pain management consultant. Specific goals of pain management consultation were not identified. Specific goals for evaluation and treatment by a spine physician were also not apparent given findings of normal strength and sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult-Pain Management (eval and treat): 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a 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. In this case, symptoms of lumbar radiculopathy were reported. However, there were no imaging studies of lumbar spine noted in the medical records provided. There was no objective evidence of complexity of the condition that would necessitate consult with a specialist. Moreover, there was no evidence of failure and exhaustion of other guideline-recommended conservative treatments to manage pain. The medical necessity has not been established. There was no compelling rationale that warrant additional expertise of a specialist at this time. Therefore, the request for Consult-Pain Management (eval and treat) is not medically necessary.