

<b>Case Number:</b>	CM14-0049624		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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:

This patient is a 58 year old male who has developed chronic low back and wrist pain secondary to a DOI 12/05/13. He has been treated with physical and chiropractic therapy and is dispensed compounded topicals. Oral analgesics include Ibuprofen 800mg q.d. prn and Cyclobenzaprine 7.5 mg daily. Exam reveals limitations in his lumbar ROM with diffuse soft tissue tenderness without improvement in reported pain levels. No neurologic deficits are documented. MRI scan on 1/14/14 is reported to show degenerative facet changes without cord or nerve root compression. Lumbar VAS scores are reported as 8/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 315.

**Decision rationale:** ACOEM Guidelines support a referral if special tests are needed or the spinal pain has persisted for greater than normal healing time i.e. the development of chronic pain. MRI studies and the clinical presentation do not support surgical intervention, but the

patient is reported to have poor pain relief several months after the injury and has not regained significant function. A pain specialist referral/consultation is consistent with Guideline recommendations and is considered medically necessary.