

<b>Case Number:</b>	CM14-0074066		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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:

Injured worker is a female with date of injury 8/7/2009. Progress note dated 3/14/2014 indicates that the injured worker complains of frequent neck pain radiating down to both arms with pain, numbness and tingling. She has constant low back pain that radiates down to both lower extremities. She has frequent left knee pain. On examination she ambulates slowly and guarded with walker. Her posture is in mild to moderate forward antalgic. Cervical spine has hypertonicity of paraspinal muscles, upper trapezius and suboccipital. T2-3 left rotation is restricted. Lumbar spine myospasms of paraspinal muscles. There are tender spinal joints, SI joints, sciatic notches and along L5 and S1 nerves down bilateral lower extremities. T12/L1 left rotation is restricted. L4 left rotation is restricted. L4 left rotation is restricted. Left knee is tender at medial joint line, lateral joint line and peripatellar. Diagnoses include 1) combined movement theory of thoracic and lumbar spine 2) myofascial release technique of lumbar spine paraspinal muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): PAGE 127, Chronic Pain Treatment Guidelines Chronic Pain/Consultation Page(s): page 1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requesting physician does not provide a rationale for this request. No pain assessment is performed, and the treatments provided are manipulative therapy and therapeutic exercises. There is no report of efficacy of the current treatments, and there is no explanation of why a referral to pain management is indicated. The request for pain management consult is determined to not be medically necessary.