

<b>Case Number:</b>	CM14-0078100		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 31 -year-old with a reported dated of injury of 02/21/2011 that occurred when an object fell on the patient while at work. The patient has the diagnoses of lumbar spine sprain/strain and lumbar radiculopathy. Per the progress reports provided by the primary treating physician dated 05/15/2014, the patient had complaints of worsening lumbar radiculopathy rated a 3/10. The pain is burning and constant with accompanying numbness. Physical exam noted decreased sensation at L5/S1 dermatome on the right leg. There was a positive straight leg raise test on the right and decreased range of motion in the lumbar spine. Treatment recommendations included a request for pain management consultation and treatment, add Celebrex to medications, add Norco and regular work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation Pain Management Evaluation and Treatment, Lumbar Spine QTY:1:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-308.

**Decision rationale:** The ACOEM chapter on low back complaints recommends the use of consultants in algorithm 12-1 in cases of failure of conservative therapy, for surgical considerations or in the presence of red flags on physical exam. The documentation provided clearly shows an escalation in the patient's symptoms since January 2015. The physical exam notes clear findings of radiculopathy. The patient continues to have symptoms and is getting worse despite conservative medication intervention. Based on these findings and documentation provided, a pain management consultation for evaluation and treatment seems reasonable and supported by the ACOEM guidelines. For these reason the request is medically necessary.