

<b>Case Number:</b>	CM14-0082673		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 31 year-old patient sustained an injury on 2/19/09 while employed by [REDACTED]. The request under consideration includes consultation pain management of the lumbar. The diagnoses included low back pain s/p left knee surgeries in April 2009 and 2011. A report of 8/22/11 has medication list to include Elmiron, Depo-Provera, Synthroid, Inderal, Lotensin, Venlafaxine, Oxycontin, Dilaudid, Phernegan, Flexeril, Ativan, Butalbital-Acet, Albuterol, and Naproxen. There are operative procedure reports of 8/31/09 and 2011 of laparoscopic endometriosis fulguration. AME report of 1/27/14 noted the patient with low back pain radiating to the extremities with progressive numbness and tingling in the left leg since 2009. Leg pain was associated with burning sensation. Exam showed the patient was able to walk on toes and heels, but felt weak; tenderness to palpation over low back; decreased sensation in left leg without specific dermatomal pattern. Electrodiagnostic study of 12/23/13 showed no evidence of focal entrapment neuropathy or neurological injury. Future medical provision included knee specialist referral, medications, brace, and brief courses of PT for flare-ups. Report of 2/12/14 noted ongoing chronic back and leg pain. There is a correspondence dated 7/29/14 from [REDACTED] regarding disputed aoe/coe body part/condition. The request for consultation pain management of the lumbar was determined not medically necessary on 5/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation pain management, lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Evaluation & Management, visits.

**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 6, Pain, Suffering and Restoration of Function, page 108-115; Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; she remains stable with continued chronic low back pain symptoms on same unchanged non-complex medication profile of pain medications for years. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated complaints of knee and low back pain currently under the care of the orthopedic provider. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The Consultation pain management, lumbar is not medically necessary and appropriate.