

<b>Case Number:</b>	CM14-0182154		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/27/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 60-year-old male with an industrial injury dated 11/27/1999. The only progress note submitted for review is dated 09/02/2014. The only other documentation submitted is a urine drug screen. The injured worker presented with ongoing back pain. Objective findings noted tenderness and spasms with decreased range of motion of lumbar spine. Prior treatments are not documented. Diagnosis is status post lumbar fusion. The physician requested pain management consult outpatient, status post lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation, outpatient, status post lumbar fusion:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): ACOEM, Chapter 7, page 127, Specialty Referral.

**Decision rationale:** The patient has persistent low back pain. The current request is for Pain Management Consultation, outpatient, Status-post lumbar fusion. ACOEM guidelines, chapter 7,

page 127 state that the occupational 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the date of injury was 11/27/99 and involved the low back. The only report available for review was dated 9/2/14, and indicated ongoing low back pain, tenderness and decreased lumbar range of motion. The treating physician has requested a pain management consultation and the ACOEM guidelines support this request. The current request is medically necessary and the recommendation is for authorization.