

<b>Case Number:</b>	CM14-0187847		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	08/11/2008
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 29 year old male with a work injury dated 8/11/08. The diagnoses include lumbar strain. Under consideration are requests for a pain management consult for the lumbar spine. Per documentation the prior authorization for pain management consult authorized in June of 2012 expired. This was reauthorized in November 2013 and this expired. There is a 9/23/14 handwritten somewhat illegible progress note that states that the patient's pain level is 6. The patient takes Norco. The patient had a psych eval on 8/7/. The patient continues to seek pain management. He had a recent car accident pedestrian vs vehicle. Fall injured nose-recovered. On exam the lumbar spine has restricted extension, other directions and remainder of exam consistent and baseline. The diagnosis is chronic low back pain- stable. The treatment plan includes request psych AME for review. There is a request for a pain management consult as the last authorization expired and the patient was not contacted to schedule. He is permanent and stationary. Per documentation the MRI of the lumbosacral spine was conducted on 11113108 and revealed degenerative disc changes at L4-5 level consisting of" a mild posterior central disc protrusion, which slightly compresses the thecal sac. This does not create central stenosis or neural impingement. Per documentation an agreed medical evaluation dated 12/09/13 was provided for review. It was noted the his previous treatments included physical therapy and medications. The future medical care provisions included ongoing home exercise program, occasional orthopedic physician visits, occasional brief periods of physical therapy and anti-inflammatory medications for pain flare-ups and the use of prescription pain medication as needed to reduce chronic discomfort if it allows for improved function. It was noted he is not a surgical candidate.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits

**Decision rationale:** Pain management consult for the lumbar spine is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a pain management consultation. The documentation does not reveal objective findings of radiculopathy or findings that would benefit from injections. The documentation indicates that the patient has stable chronic low back pain. It is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary.