

<b>Case Number:</b>	CM14-0191260		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 & 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:

The patient is a 65 year old female with date of injury 1/2/08. The treating physician report dated 1/23/12 (14) indicates that the patient presents with pain affecting neck and low back. This is the only treating physician report in the documents provided. The UR report notes reports dating from 1/23/12 - 11/7/14. The physical examination findings reveal a restricted range of motion in the cervical spine along with tenderness and pain. The patient shows a normal range of motion in the lumbar spine but notes tenderness and pain. Prior treatment history includes a cervical fusion of C6-7 in 2001, steroid injections (4) and a neurology consultation. MRI findings reveal mild canal stenosis C4-5 and C5-6 levels with associated neural frontal narrowing, mild diffuse disk bulge L3-4 and hypertrophic facet joints at L5-S1. Patient is currently working but is on light duty with work restrictions. The current diagnoses as noted in report dated 1/23/12 are strain neck muscle and strain of lumbar region. The current diagnoses as noted in the Peer Review Referral dated 11/10/14 are lumbosacral spondylosis without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. The utilization review report dated 11/13/14 modified the request for Pain management consultation and facet injections to certify pain management consultation only. Specialist consultations in the ACOEM guidelines were referenced in the UR modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation and facet injections:** 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:** 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 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The patient presents with pain affecting the neck and the low back. The current request is for a Pain management consultation and facet injections. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the most recent treating physician report noting a request for a pain management consult is not in the documents provided. Only one treating physician report was provided and it was dated 1/23/12, well over two years ago. It is not known whether the patient is seeing the same physician or what the specialty of the current physician is. Without a more current treating physicians report stating why a consultation was needed, the request does not satisfy MTUS guidelines. Therefore the request is not medically necessary.