

<b>Case Number:</b>	CM14-0193212		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Pain Medicine 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 is a patient with a date of injury of August 17, 2007. A utilization review determination dated October 23, 2014 recommends noncertification for "consult unlimited treatment with pain management." Noncertification was recommended since the outcome of the most recent acupuncture treatment was not documented. A progress report dated October 13, 2014 identifies subjective complaints of knee and back pain. An MRI of the lumbar spine and epidural injection of the cervical spine was denied. The patient is unchanged and continues having pain in the knees, neck, and upper back. He is also having increased pain in the lower back. He is using ibuprofen and Flexeril but feels he may need something stronger. Objective examination findings identify tenderness in the paracervical and paralumbar region, mild spasms in parathoracic spine, and tenderness in the knee joints bilaterally with crepitus. Diagnoses include chronic thoracolumbar degenerative disc disease, bilateral knee pain, and chronic cervicothoracic pain. The treatment plan recommends a focus on controlling the patient's pain and therefore requests "authorization for pain management." A physiatry evaluation dated September 8, 2014 recommends a cervical epidural injection, repeat lumbar MRI, Lidoderm patch, and exercise. The note indicates that the patient recently started acupuncture treatment and continues to take ibuprofen PRN for flareups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and Limited Treatment with Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears that numerous treatments are currently being tried and have been recommended recently during the psychiatry evaluation. The patient has not yet completed acupuncture therapy and may need to undergo an epidural injection. It is noted that the request for an epidural was denied, but this may have been due to a lack of appropriate documentation to support the request. Additionally, recent subjective complaints do not include pain scores to justify the need to start the patient on controlled substance medication, if that is the reason for consultation. Finally, the current request for "consult and limited treatment" is open ended. A consultation may be reasonable after conservative treatment has been attempted, but "limited treatment" is open-ended and nonspecific. Guidelines do not support the open-ended application of any treatment modalities. As such, the currently requested consultation is not medically necessary.