

<b>Case Number:</b>	CM14-0193909		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Family 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 36 year old female with a reported industrial injury on 4/7/2006. The mechanism of the injury was not specified in the records provided. The diagnoses include lumbar disc protrusion and lumbar radiculopathy. Per the note dated 10/1/14, she had pain at 9/10. The physical examination revealed moderate antalgic gait, decreased sensation to light touch at L5-S1 and tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. The medication list includes naproxen, protonix, gabapentin, zanaflex and zolpidem. Previous operative or procedure note related to the injury was not specified in the records provided. Per the Cardio-Respiratory Diagnostic testing and sudoscan report dated 9/25/14, patient had abnormal response to autonomic challenges (deep breathing, Valsalva or standing) suggesting autonomic dysfunction. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Per the cited guidelines, "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." The exact nature of the medication consultation request, as to whether the request was for a consultation with a pain management physician or for a follow up with the primary treating physician was not specified in the records provided. A detailed recent clinical evaluation is not specified in the records provided. Evidence of an uncertain or extremely complex diagnosis is not specified in the records provided. Evidence of the presence of psychosocial factors is not specified in the records provided. Previous diagnostic study reports with significant abnormal findings are not specified in the records provided. Response to previous conservative therapy, including physical therapy visits, is not specified in the records provided. The medical necessity of the request for Medication consultation is not fully established for this patient.