

<b>Case Number:</b>	CM14-0198938		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/29/1998
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 male who suffered an industrial related injury on 10/29/98 after a fall. A physician's report dated 10/22/12 noted the injured worker had complaints of headaches and shoulder complaints. Diagnoses included post traumatic head syndrome, status post closed head injury without loss of consciousness and orthopedic complaints. The physician noted the injured worker embellishes his subjective complaints. The injured worker had complaints of vertigo however the treating physician noted the neurological examination was within normal limits as well as an electroencephalogram. On 11/14/14 the utilization review (UR) physician denied the request for pain management x1 for submitted diagnosis lumbar sprain/strain as an outpatient. The UR physician noted there is inadequate information regarding a current physical examination, past treatment, history, and/or imaging studies to support the need for a referral to a pain management specialist. There is no reporting of VAS scores, functional limitations, quality of the pain or response to treatment that was instituted. Therefore the request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management x1 for submitted diagnosis Lumbar (Lower Back) Sprain/Strain, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6,7.

**Decision rationale:** MTUS Guidelines are quite specific regarding a minimum level of evaluation to support chronic pain management. The requesting physician does not meet these Guideline standards to support a referral for chronic pain management. Under these circumstances, the request for Pain Management X's 1 is not consistent with Guideline standards and is not medically necessary.