

<b>Case Number:</b>	CM14-0209899		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology 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 57 year old female with date of injury 1/8/14. The mechanism of injury is stated as lifting a table. The patient has complained of low back pain since the date of injury. She has been treated with conservative measures, not further specified. There are no radiographic reports included for review. Objective: no musculoskeletal examination noted on most recent included provider note. Diagnoses: low back pain. Treatment plan and request: pain management consultation, back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management, Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127, Consultation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 308-311.

**Decision rationale:** Per the MTUS guidelines cited above, pain management consultation is not indicated at this time. There is no documentation of previous therapies tried and response to those therapies. There is no documentation of provider physical examination on most recent provider visit nor is there clear documentation regarding provider expectations from a pain

management consultation. On the basis of the available medical records and MTUS guidelines cited above, pain management consultation is not indicated as medically necessary.