

<b>Case Number:</b>	CM14-0041031		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 35 year old female who was injured on 8/7/2010. The diagnoses are cervical radiculopathy, neck, low back, right shoulder and right hip pain. The past surgery history is significant for right shoulder surgery. The patient had completed PT, acupuncture, chiropractic treatments and the use of TENS unit. The 2011 MRI of the lumbar spine showed multilevel degenerative disc disease, facet arthropathy, disc annular tear and effacement of many nerve roots. The MRI of the right hip and shoulders showed degenerative joint disease. On 12/11/2014, [REDACTED] noted subjective complaint of neck and low back pain associated with numbness and tingling sensation. There were objective findings of decreased range of motion of the cervical spine and shoulders, positive Spurling's sign, and positive FABERE test bilaterally. A Utilization Review was rendered on 3/18/2014 recommending non certification for Pain Management Consultant and Treatment for the Back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation and treatment for the back, lower back:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127. Official Disability Guidelines (ODG), Treatment in Workers Comp.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG recommend that patients can be referred for consultation for specialist treatment with the disease process is complex or the specialist can contribute to expert care that would be significantly beneficial for the patient care. The records indicate that the patient had completed conservative management with medications and physical treatments. There are subjective, objective and radiological findings of discogenic and facet related findings of axial pain that can be amenable to interventional pain injections. The criteria for pain management consultation and treatment for back, low back was met. Therefore, this request is medically necessary.