

<b>Case Number:</b>	CM15-0000821		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 44 year old female was injured 3/20/12 when she was lifting a heavy box resulting in a slow onset of aching back and neck pain. She has had a prior back injury 16 years ago. Current symptoms include low back pain. Treatments were physical therapy, chiropractic, and acupuncture treatments; trigger point injection to the back that had no lasting benefit. She had an MRI in 2011 indicating minimal disc bulge at L4-5. Diagnosis was low back pain with 1.4-1.5 mild disc protrusion with mild narrowing of the neuroforaminal canal. Medications include naproxen, hydrocodone, tizanidine HCL and omeprazole. Activities of daily living were compromised by the pain. Provider is requesting pain management as the injured worker remains symptomatic. On 12/4/14 Utilization Review non-certified the request for pain management evaluation and treatment based on no focal deficits found on the exam, no "red flags" that would indicate the medical necessity for pain management evaluation, no disc herniation with significant stenosis and no recent attempts at conservative care. ACOEM Occupational Medical Practice Guidelines were referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Evaluation and Treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** This patient presents with low back pain with L4-L5 mild disc protrusion with mild narrowing of the neuroforaminal space. The request is for pain management evaluation and treatment. The work status is temporary partial disability per 11/12/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient complains of chronic low back pain. The guidelines generally allow and support specialty follow up evaluations for chronic pain conditions. The request IS medically necessary.