

<b>Case Number:</b>	CM15-0003250		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/18/1997
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Hawaii  
 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:

The injured worker is a 63 year old male who sustained an industrial injury reported on 2/18/1997. He has reported constant and radiating low back pain, rated 6/10, to the feet and associated with numbness; right > left. The diagnoses have included lumbar & multi-level degenerative disc disease; chronic low back pain; lumbar foraminal stenosis with bulging disc. Treatments to date have included consultations; laboratory and imaging studies; a history of physical therapy without instruction on a home exercise program; and medication management. The work status classification for this injured worker is noted to be permanent and stationary, and he is retired. On 12/9/2014 Utilization Review non-certified, for medical necessity, the request for 1 pain management consultation for severe spinal stenosis with positive straight leg raise and typical neurogenic claudication, Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines and the Official Disability Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Overturned

**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 ACOEM Guidelines. Chapter 7, pg 127.

**Decision rationale:** The patient presents with low back pain. The current request is for Pain Management Consultation. The treating physician states, "He has significant spinal stenosis with positive straight leg raise. He is restricted in ambulation to 30-45 minutes because of leg pain typical of neurogenic claudication." The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral because the patient is only ambulatory for a short period of time, which affects the examinee's fitness for return to work. Recommendation is for authorization.