

<b>Case Number:</b>	CM15-0007040		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 3/28/2014. The diagnoses have included back ache, spasm of muscle and lumbago. Treatment to date has included physical therapy, myofascial release and ultrasound therapy. According to the progress report from 11/21/2014, the injured worker complained of low back pain. The low back pain was described as being located between the shoulder blades, lower back, lower back transversely, left and right flank area and right buttock. The pain was aggravated by sitting, sneezing, straining at stool and walking. Physical exam revealed normal posture and gait. There was moderate tenderness to palpation of the low back, along with spasticity. Straight leg raising test was positive. Current medications were not documented. Per the orthopedic exam from 12/19/2014, the injured worker was prescribed Naprosyn and Flexeril. Treatment plan included physical therapy of the lumbar spine and referral to neurology. The injured worker was to apply heat to the affected area and take Motrin as needed for pain. On 1/7/2015, Utilization Review non-certified a request for a pain management consult, noting that there was insufficient documentation regarding the severity of the pain or the response to current medications. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, Opioids Page(s): 76-77, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Opioids, criteria for use; Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.

**Decision rationale:** The Medical Treatment Utilization Schedule does not directly discuss the issue at hand. ACOEM Guidelines, Chapter 7, Consultation, page 127 does discuss consultation provided with other providers. This guideline indicates that a consultation with another healthcare provider is indicated if this would be helpful in managing the patient's condition. The current request is not specific. A request for pain management consultation could reflect any number primary physician specialties, including invasive pain management with a physiatrist or invasive pain management with an anesthesiologist or noninvasive pain management with physicians from a variety of disciplines, including physical medicine and rehabilitation, anesthesiology, rheumatology, or neurology. Therefore, again, there is not enough specificity at this time in order to interpret if this request were to apply to guidelines. This request is not medically necessary.