

<b>Case Number:</b>	CM15-0009714		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 34 year old male with an industrial injury dated November 22, 2011. The injured worker diagnoses include lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, myalgia and myositis not otherwise specified, sleep disturbance not otherwise specified, and status post anterior lumbar interbody fusion at L4 through S1 in February 2014. He has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 11/25/14, injured worker reported severe left sided lower back pain. Physical exam revealed tenderness to palpitation within the left greater than right S1 joint. He had a positive Faber maneuver off to the left hand side. He had a negative straight leg raise and negative femoral stretch. The treating physician prescribed services for a consult and treatment with pain management for left Radiofrequency Ablation (RFA) of SI Joint. Utilization Review (UR) determination on December 17, 2014 modified the request to partial certification for consultation with pain management only, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and Treatment with Pain Management for Left RFA of SI Joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary (last updated 11/21/14), Evaluation and Management (E&M)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Consult and Treatment with Pain Management for Left RFA of SI Joint is not medically necessary.