

<b>Case Number:</b>	CM15-0101894		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/11/2015
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 44-year-old male patient, who sustained an industrial injury on 2/11/15. He reported low back pain after lifting. The diagnosis includes lumbosacral radiculopathy. Per the doctor's note dated 6/8/2015, he had complaints of low back pain with paresthesia in the left leg/foot and right thigh pain. The physical examination revealed bilateral lumbar paraspinal tenderness, tenderness over left sciatic notch and lumbar spinerange of motion- flexion 60 and extension 10 degrees; positive straight leg raising test on the left. The medications list includes mobic, flexeril, gabapentin and norco. He has had (MRI) magnetic resonance imaging of lumbar spine performed on 4/24/15, which revealed L4-5 broad based disc protrusion, mild spinal canal stenosis and L5- S1 broad based disc protrusion, foraminal disc osteophyte, ridging and moderate facet hypertrophy. He has had physical therapy and home exercise program. The treatment plan included pain management for possible epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PM&R Consultation and Treatment:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** According to the ACOEM Practice Guidelines, 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. Per the records provided patient had chronic low back pain with radiculopathy. The physical examination revealed bilateral lumbar paraspinal tenderness, tenderness over left sciatic notch and lumbar spine range of motion- flexion 60 and extension 10 degrees; positive straight leg raising test on the left. Patient is taking multiple medications including mobic, flexeril, gabapentin and norco. Patient had tried physical therapy. Patient has had a lumbar MRI with abnormal findings. Therefore the pt has chronic pain with significant abnormal objective findings. He is on multiple medications including an opioid. The request of PM&R Consultation and Treatment is medically necessary and appropriate for this patient at this juncture to manage his chronic pain.