

<b>Case Number:</b>	CM15-0105162		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, North Carolina  
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 47 year old male sustained an industrial injury on 3/16/2000. He subsequently reported low back pain. Diagnoses include back pain and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, surgery, TENS, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain which radiates to the bilateral buttocks. Upon examination, there was diminished lumbar range of motion. Straight leg raise caused burning along the right anterior thigh. Lasegue maneuver was negative bilaterally. There was decreased sensation along the right L4, L5 and S1 dermatomes. Motor and reflex examination were within normal limits. A request for general orthopedic consultation, pain management consultation and Norco medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**General orthopedic consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The ACOEM states that referral is necessary if there is evidence of severe neurologic compromise suggesting a need for an orthopedic consultation. This patient is being seen at a spine and orthopedic practice and it is unclear why a general orthopedic consultation is necessary. In this case, there is no evidence of severe neurologic compromise necessitating a referral. There is no rationale or evidenced in the records establishing the medical necessity of this request, therefore it is deemed not medically necessary or appropriate.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 30.

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines states that consultation to pain management is appropriate when pain persists, but the underlying tissue pathology is absent or limited and correlation between the original injury and the severity of the pain is not clear. In this case, the patient has experienced chronic pain for approximately 10 years, with multiple low back surgeries and multiple medications. There is also a request for physical therapy, which should be completed prior to consideration for referral to a pain management specialist. At this time, the request is deemed not medically necessary or appropriate.

**Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** In this case, the patient has been taking opioids for many years. The patient has not returned to work, and the records submitted demonstrate no quantifiable evidence of significant pain reduction or functional improvement. His condition has in fact worsened since his last surgery. Weaning from opioids has been recommended in the past, and adequate time has elapsed to accomplish the weaning process. Thus, in this case, the request is deemed not medically necessary or appropriate.