

<b>Case Number:</b>	CM15-0010013		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/27/1997
<b>Decision Date:</b>	05/01/2015	<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: 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:

The injured worker is a 54-year-old male, with a reported date of injury of 03/27/1997. The diagnoses include multilevel lumbar disc herniation and lower extremity radicular pain. Treatments to date included oral medications. The progress report dated 12/01/2014 indicates that the injured worker complained of low back pain and bilateral knee pain. He rated his low back pain 7½ out of 10. There was radiation of pain to the lower extremities, right greater than left. The objective findings include tenderness to palpation over the bilateral lumbar paraspinal muscles, full active range of motion in all planes, intact neurovascular status, and positive bilateral sitting straight leg raise test. The treating physician requested pain management consultation for the lumbar spine for the consideration of lumbar spine epidural injection.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing pain. Therefore the consult is certified & medically necessary.