

<b>Case Number:</b>	CM15-0017201		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 62-year-old male, with a reported date of injury of 09/22/2014. The diagnosis includes lumbar spine sprain/strain with radicular complaints. Treatments have included oral medications and an MRI of the lumbar spine on 09/26/2014. The orthopedic re-evaluation report dated 12/22/2014 indicates that the injured worker continued to have intermittent moderate low back pain with radiation to the left leg. The objective findings included increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch; decreased left L4, L5, and S1 sensory, and muscle spasms. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral lower extremities to assess the injured worker's neurological complaints. On 01/06/2015, Utilization Review (UR) denied the request for pain management evaluation for the lumbar spine, noting that the MRI did not identify a neural compressive lesion, and there was no objective evidence of lumbar radiculopathy. The ACOEM Guidelines and the Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), TWC (Acute & Chronic), Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's assertion that he claimant does not meet criteria for additional pain management consult as the MRI did not identify a neural compressive lesion, and there was no objective evidence of lumbar radiculopathy . The scope of practice for pain management physicians extends beyond simply ESI's. The referral is consistent with the standard of care to refer injured workers with refractory pain to pain management specialists. The request is medically necessary.