

<b>Case Number:</b>	CM15-0130402		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/26/2006
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 67 year old female, who sustained an industrial injury on December 26, 2006. She reported an injury to her right knee. Treatment to date has included arthroscopic surgery to the right knee, MRI of the lumbar spine, medications, and functional capacity evaluation. Currently, the injured worker reports that she is feeling better with her medication regimen of Norco, Butrans patch and gabapentin. She reports that her pain is aggravated with prolonged sitting and standing and relieved with medications and heat application. The diagnosis associated with the request is lumbar spine pain with radiculopathy. The treatment plan includes continuation of Norco, gabapentin and Butrans patch, referral to pain management services and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pain management evaluation and treatment to lumbar and left hip:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**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 upon review of the provided medical records has ongoing pain despite conservative therapy. The referral for a pain specialist would thus be medically necessary and approved.