

<b>Case Number:</b>	CM15-0131074		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/02/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 37 year old male, who sustained an industrial injury on 9/30/2013. He reported injury to his low back while picking up heavy garbage. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc and pain in right leg. Treatment to date has included diagnostics, rest, physical therapy, chiropractic, acupuncture, epidural steroid injections, and medications. Currently, the injured worker complains of low back pain, bilateral buttock pain, and right leg pain. Pain was rated 6/10. Intermittently the right leg pain was associated with numbness. He was identified as a surgical candidate and wished to avoid surgery and was deemed maximally medically improved. His body mass index was 35.5%. He was currently taking no medications. He reported poor sleep and poor mood, problems with concentration, poor energy level, decreased levels of physical activity and enjoyment of life, and difficulty with sexual relations. His work status was modified and he needed to get back to a heavy capacity to resume his occupation. The treatment plan included an interdisciplinary pain management evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Day Interdisciplinary Pain Management Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31, 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids Section, Opioids Dosing Section Page(s): 78, 86.

**Decision rationale:** The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation. He is not currently taking any medications. The request for one-day interdisciplinary pain management evaluation is determined to not be medically necessary.