

<b>Case Number:</b>	CM15-0131282		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/30/2015
<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: Physical Medicine & Rehabilitation, 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 40-year-old female who sustained an industrial injury on November 25, 2014. She has reported constant low back pain a 7 out of 10 radiating down bilateral legs. Pain radiated down the left more than the right. Her pain could go up to a 10 out 10. Diagnosis included post laminectomy syndrome. Treatment has included physical therapy, medical imaging, medications, TENS, and modified work duty. There was decreased extension and forward flexion of the lumbar spine. There was decreased sensation at L4-S1 on the left. MRI of the lumbar spine dated May 15, 2015 revealed mild to moderate canal stenosis L4-5 due to presence of structure in right epidural space, which may represent granulation tissue. Lig flavum hypertrophy. Moderate left neural foraminal stenosis due to osteophyte encroachment and posterior encroachment facet hypertrophy, which abuts exiting left L4 nerve. The treatment request included pain management evaluation and treatment for medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation and treatment for medication management: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for referral to pain management for consultation and treatment of the lumbar spine, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain in the lumbar spine corroborated by MRI findings of canal stenosis at L4-5 due to presence of structure in the right epidural space and moderate left neural foraminal stenosis due to osteophyte. Specialty consultation with a pain management may help to clarify these issues and the utilization review determination did recommend modification of the request to consultation only. However, a non-specific request for treatment is not medically necessary, as the need for any specific treatment will depend in part on the results of the pain management consultation and the specific treatment being requested at that time. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.