

<b>Case Number:</b>	CM15-0149057		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/19/2006
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

### 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(n) 49 year old male, who sustained an industrial injury on 4-19-06. He reported injury to his neck, lower back, right hand and left leg. He reported losing consciousness and being taken to the emergency department. The injured worker was diagnosed as having chronic back pain, left S1 radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease and post-concussion syndrome. Treatment to date has included a lumbar epidural injection on 5-13-11 with 50% improvement, aquatic therapy, psychotherapy, a cervical epidural injection on 1-10-12 with 50% improvement and a soft TLSO brace. Medications include Norco, Voltaren gel, Cialis, Motrin, Lyrica, Colace and Ambien. As of the PR2 dated 6-19-15, the injured worker reports chronic neck and back pain. He rates his pain an 8 out of 10 without medications and a 4 out of 10 with medications. He is trying to taper down Norco to 3 pills daily, but some days he must take 4 for pain control. Objective findings include reduced cervical range of motion, a negative Spurling's maneuver and some tenderness to palpation over the lumbar spine. The treating physician requested a consultation with a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) consultation with pain management specialist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs; Multidisciplinary Pain Management Programs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** The patient presents with chronic neck and back pain and spasm, with radicular symptoms to his left lower extremity. The request is for One (1) Consultation with Pain Management Specialist. The request for authorization is not provided. MRI of the cervical spine, 11/09/13, shows sharply marginated spur from the right uncinat joint at C6-7 associated with stable neuroforaminal narrowing; there is minor discogenic change at C3-4 without narrowing. Physical examination of the cervical spine reveals slight tenderness noted in the bilateral lower cervical paraspinal regions and the lower cervical spine. Range of motion is slightly reduced in all planes. Exam of lumbar spine reveals a well healed midline incision overlying the lumbar spine. There was some tenderness to palpation overlying the lumbar spine, with slight-to-moderate bilateral lumbar paraspinal tenderness. The patient underwent repeat cervical epidural injection at the C6-7 level, and patient had noted about a 50% improvement in his neck pain following that injection, which seemed to last him for a few years. The patient underwent an epidural injection to his lumbar spine on 05/13/11, and noted about 50% improvement in his low back pain. The patient continues to use a soft TLSO brace. The patient has continued with his exercise program. Patient's medications include Norco, Motrin, Lyrica, Lunesta, Cymbalta, Colace and Cialis. Per progress report dated 07/16/15, the patient is permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists 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; provider does not discuss the request. In this case, the patient continues with chronic neck and back pain and spasm. It would appear that the current provider feels uncomfortable with the patient's medical issues and has requested a Consultation with Pain Management. Given the patient's condition, the request for a Consultation with Pain Management Consultation appears reasonable. Therefore, the request is medically necessary.