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| <b>Case Number:</b>   | CM15-0162810 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 01/06/2015 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 08/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2015 |

### 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: Massachusetts

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 51-year-old male who sustained an industrial injury on 1-6-15. Diagnoses include buttock contusion and sprain lumbar region. Treatment includes medication and physical therapy. Progress report dated 7-27-15 reports frequent slight low back pain with less numbing aches extending down both legs. The pain was 6-7 out of 10 and is now 4-5 out of 10. Both feet have less numbness and tingling and the legs no longer feel weak. He reports feeling about 50% better. Diagnoses include lumbosacral sprain and strain, facet syndrome, lumbosacral neuritis or radiculitis, thoracic sprain and strain and rib sprain and strain. Plan of care includes request additional chiropractic care 2 times per weeks for 3 weeks, request pain management consultation for lumbar radiculopathy, request acupuncture 2 times per week for 4 weeks and request neurodiagnostic study of the lower extremities. Work status: modified duties limit lifting to 20 pounds, limited lifting or carrying to 20 pounds, no repetitive bending, stooping at the waist, limited prolonged standing weight bearing, limited prolonged sitting, alternate with standing. If modified duty not available then considered totally temporarily disabled until 8-31-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation regarding the lumbar spine:** Overturned

**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) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work-related injury in January 2015 and is being treated for radiating low back pain. An MRI of the lumbar spine on 05/22/15 included findings of bilateral multilevel facet arthropathy with foraminal stenosis. When seen, there was a 50% improvement in weakness, numbness, and pain. There was lumbar tenderness with positive straight leg raising and decreased left lower extremity strength. There was left sacroiliac joint and facet tenderness. There was decreased and painful lumbar range of motion with extension. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with symptoms, physical examination findings, imaging consistent with this diagnosis as well as with facet-mediated pain. An epidural steroid injection or other interventional treatment might be an option in her treatment. Therefore requesting a referral to pain management is medically necessary.