

<b>Case Number:</b>	CM15-0168736		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 40 year old female, who sustained an industrial-work injury on 8-29-14. She reported initial complaints of back pain from being hit by a doorknob in the back. The injured worker was diagnosed as having herniated nucleus pulposus L5-S1 with chronic right S1 radiculopathy, scar surrounding the right L5-S1 descending nerve root, right knee sprain-strain, left forefoot pain, stress, anxiety, and sleep disorder. Treatment to date has included medication, acupuncture, physical therapy, cane-walker use, coping stress strategies, surgery (right paramedian microdiscectomy at L5-S1, decompression of the right S1 nerve root and cauda equine, operative microscope microdissection and fluoroscopy). MRI results were reported on 7-7-15 of the lumbar spine with contrast that demonstrated status post laminectomy on the right side of L5-S1 with question of granulation tissue and scar involving the right side of the spinal canal with thickening of the right descending nerve root as described and disc disease at L4-5 and L3-4. Currently, the injured worker complains of lumbar pain rated as 7+ out of 10 and described as a chronic ache. There was radiation to the right lower extremity to foot with numbness and tingling in the right leg to foot. Per the primary physician's progress report (PR-2) on 8-11-15, exam noted mild tenderness in the bilateral lumbar regions, straight leg raise was positive on the right, reduced range of motion, muscle strength of 5 out of 5 on the left and 5- out of 5 on the right. The request for authorization date was 8-14-15 and requested service included Medication management Qty: 1. The utilization review on 8-25-15 denied the request due to the determination by the pain management consultation for the medication management.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medication management Qty: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s):  
General Approach to Initial Assessment and Documentation, 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 from additional expertise. A referral may be for "Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability."  
The patient upon review of the provided medical records does not have reason for consult for medication management and the request is not certified and therefore is not medically necessary.