

<b>Case Number:</b>	CM15-0185815		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 34 year old male who sustained an industrial injury on 06-12-2013. The injured worker was diagnosed with low back pain. The injured worker is status post right L5-S1 minimally invasive microscopic discectomy on 01-13-2015. According to the treating physician's progress report on 08-24-2015, the injured worker continues to be symptomatic with low back pain. Examination demonstrated healed incision with negative straight leg raise and negative Fabere. Range of motion was noted as flexion at 70 degrees, extension at 10 degrees and bilateral bending at 20 degrees. Motor strength and deep tendon reflexes were intact. A recent lumbar spine magnetic resonance imaging (MRI) on 06-11-2015 was reported on 08-24-2015 "as mild to moderate disk height loss with 2mm broad-based protrusion at L5-S1 and a 1-2 mm right foraminal disk protrusion on L4-L5". Prior treatments included surgery followed by post-operative physical therapy, home exercise program and medications. Current medications were not listed. Treatment plan consists of home exercise program and on 08-24-2015 the provider requested authorization for pain management consultation and treatment. On 09-02-2015 the Utilization Review determined the request for pain management consultation and treatment was not medically necessary and modified the request to pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. Furthermore, the medical necessity of treatment cannot be affirmed prior to consultation. The request is not medically necessary.