

<b>Case Number:</b>	CM15-0187371		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/14/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 31 year male old with a date of injury on 05-14-2015. The injured worker is undergoing treatment for sprain-strain of the lumbosacral spine and lumbar myospasm. A physician progress note dated 07-01-2015 documents the injured worker complains of low back pain. He has pain with flexion. There are decreased spasms 2-4 and there is sensory loss L5-S1 on the right. He has a positive Kemp's, straight leg raise, Ely's, and Deerfield. A physician note dated 08-05-2015 documents he is having better sleep and less spasms but ongoing stiffness, pain, and leg weakness. He has continued positive straight leg raise, Kemp's, and decreased lumbar range of motion. An orthopedic consultation done on 08-13-2015 documents he has continued low back pain and spasms. He has night pain and feels the right lower extremity is weaker than the left. His mainstay treatment will be nonoperative as majority of his symptoms are axial and low back pain. In a physician note dated 09-02-2015, it documents he has less pain and increased sleep with treatment. He needs strengthening program to return to work and decrease weakness. There is sensory loss L5-S1 and decreased spasms 2-4. A note dated 09-09- 2015 documents he was active over the weekend and he is having increased low back pain, spasms, and leg weakness. Objective findings remain the same. Treatment to date has included medications and chiropractic services. A magnetic resonance imaging of the lumbar spine done on 07-20-2015 revealed a suggestion of annular fissuring associated with right paracentral- preforaminal focal disc protrusion at L5-S1, moderated L4-L5 right neural foraminal stenosis due to disc osteophyte complex and facet arthrosis, and moderate narrowing on the right and left neural foramen at L5-S1, and multilevel disc desiccation without disc height loss. The

Request for Authorization includes work conditioning 10 sessions and pain management visits once per month. On 09-14-2015, Utilization Review modified the request for Pain management visits once a month to 1 pain management visit.

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

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

**Pain management visits once a month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS pg 503.

**Decision rationale:** Per the cited CA MTUS guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, consultation with a pain specialist is reasonable for his ongoing low back pain, spasms, and lower extremity weakness. Although consultation with other providers is often necessary, the basis for unlimited monthly visits is not consistent with the guidelines. Therefore, a pain management visit once a month is not medically necessary and appropriate.