

<b>Case Number:</b>	CM15-0197845		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/22/2008
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 female, who sustained an industrial injury on 6-22-08. The injured worker is diagnosed with lumbar spine sprain-strain with bilateral lower extremity radiculopathy, plantar fasciitis and left hip trochanter bursa sprain-strain. Her work status is temporary total disability. Notes dated 5-13-15 - 7-28-15 reveals the injured worker presented with complaints of left hip and low back pain rated at 6-9 out of 10. Physical examinations dated 5-28-15 - 7-28-15 revealed tender to palpation to the bilateral lumbar paraspinal musculature with spasms noted and decreased range of motion. The left greater trochanter bursa is also tender to palpation (severe). Treatment to date has included post right total hip replacement (2014), psychotherapy and a walker. Her medications reduce her pain from 9 out of 10 to 6 out of 10, which allow the injured worker to engage in activities of daily living (self-care), participate in therapy and experience increased standing and sitting stamina per notes dated 5-13-15 and 6-24-15. A left hip cortisone injection provided relief for 4 days per note dated 6-24-15. Diagnostic studies to date have included left hip x-rays (2014, 2015) and a urine toxicology screen (6-24-15). A request for authorization dated 7-28-15 for pain management consultant is non-certified, per Utilization Review letter dated 9-30-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, 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 injury in June 2008 and is being treated for hip and lumbosacral pain. She underwent a right total hip replacement in October 2014. She has right greater trochanteric bursa with 4 days of pain relief after an injection in June 2015. She has bilateral plantar fasciitis. When seen, she was having ongoing low back pain with bilateral lower extremity radicular symptoms. Medications included Norco. There was severe left greater trochanteric bursa tenderness. There was lumbar tenderness with spasms and decreased range of motion. There was positive left Fabere and Trendelenburg testing. There was lumbar tenderness with paravertebral muscle spasms. She was using a walker. A neurology evaluation for headaches and a pain management consultation for a possible epidural steroid injection are being requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's has chronic pain, which is likely multi-factorial. An epidural steroid injection or other treatment might be an option in the claimant's care. An evaluation only is being requested. A referral to pain management is appropriate and medically necessary.