MAXIMUS Federal Services

| Case Number: | CM15-0202763 | | |
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| Date Assigned: | 10/19/2015 | Date of Injury: | 09/08/1979 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

## 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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

## 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 78 year old male who sustained an industrial injury on 09-08-1979. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy and adjacent segment disease. The injured worker is status post multiple lumbar fusions with hardware removal and revisions between since 1981. According to the treating physician's progress report on 09-10-2015, the injured worker continues to experience pain and spasm in the thoracic and lumbar spine with radiating symptoms of weakness, numbness and tingling into the right lower extremity to the toes. The injured worker rated his pain at 5 out of 10 on the pain scale which had progressively worsened since May 2015. Examination demonstrated tenderness to palpation of the thoracic and lumbar spine with severe spasms noted. There was significantly limited range of motion in all planes with decreased sensation of the right L4 dermatomes and decreased motor strength bilaterally of the psoas, quadriceps, hamstrings and tibialis anterior. Magnetic resonance imaging (MRI) of the lumbar spine performed on 05-18-2015 interpreted within the progress note dated 09-10-2015 noted extensive post-operative changes with levoscoliosis and retrolisthesis L3-L4 and L5-S1 and neural foraminal narrowing with mild bilateral L4-5 and mild right foraminal narrowing. Prior treatments have included diagnostic testing, surgery, chiropractic therapy, physical therapy, acupuncture therapy, lumbar corset, bilateral T11 and T12 transforaminal epidural steroid injection on 03-06-2015 and medications. Current medications were listed as Norco 10mg-325mg, Terocin patches, Celebrex, Flexeril, Prilosec, Diazepam, Capsaicin cream and Senna. Recent oral swabs and CURES reports were consistent for prescribed medications. Treatment

plan consists of Computed Tomography (CT) of the lumbar spine, refill medications, spinal cord stimulator (SCS) trial and the current request for pain management consultation for the lumbar spine. On 09-24-2015 the Utilization Review determined the request for pain management consultation for the lumbar spine was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 pain management consultation for the lumbar spine injury as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** This 78 year old male has complained of low back pain since date of injury 9/8/1979. He has been treated with surgery, physical therapy, chiropractic therapy, acupuncture, epidural steroid injections and medications. The current request is for 1 pain management consultation for the lumbar spine injury as an outpatient. The available medical records from the most recent provider visit indicate that the patient is obtaining adequate pain relief from the existing management plan. There is inadequate provider rationale documented regarding the necessity of obtaining a pain management consultation at this time. On the basis of the available medical records and per the guidelines cited above, 1 pain management consultation for the lumbar spine injury as an outpatient is not medically necessary.