

<b>Case Number:</b>	CM15-0203658		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59 year old female, who sustained an industrial injury on 5-23-14. The injured worker was diagnosed as having painful hip joint, back pain low back; pain in joint lower leg. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-14-15 indicated the injured worker complains of low back pain, left lower extremity pain L5 Lumbar radiculopathy and left knee pain. The provider does not document a physical examination but does include a treatment plan for pain management and left knee injections of Celestone, Marcaine and Xylocaine as well as a prescription for Tramadol, Naprosyn and Omeprazole. A PR-2 notes date 8-13-15 and 7-2-115 had similar documentation and request except it was requesting lumbar epidural steroid injections with a pain management provider. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 9-23-15 and non-certification for Pain management consult and treat for low back. A request for authorization has been received for Pain management consult and treats for low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult and treat for low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** CA MTUS/ACOEM chronic pain management guidelines, introduction, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case, the pain can be controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. The request is not medically necessary.