

<b>Case Number:</b>	CM15-0208642		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: 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 47 year old female with an industrial injury dated 06-23-2011. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain. In a progress report dated 02-19-2015, the injured worker reported lumbar spine pain, left knee pain and bilateral hand pain. Lumbar spine exam revealed mildly antalgic gait, 50 degrees of forward flexion, 15 degrees of extension with pain, 10 degrees of left lateral bending and 15 degrees of right lateral bending. Positive left straight leg raises and positive left Fabere test were also noted on exam. The treating physician reported that the MRI of the lumbar spine dated 09-12-2011 revealed decreased signal intensity of the nucleus pulposus indicative of moderate disc degeneration at L5-S1 and 4 to 5mm midline protrusion of the nucleus pulposus. According to a more recent progress note dated 10-01-2015, the injured worker reported low back pain with muscle spasms. Objective findings (10-01-2015) revealed positive straight leg raises on left, positive Fabere on left and positive patellofemoral compression test of the left knee. Treatment has included diagnostic studies, prescribed medications, physical therapy, left knee surgery on 09-18-2012 and periodic follow up visits. The treatment plan included left knee injection, pain management for low back and medication management. The utilization review dated 10-16-2015, modified the request for pain management consult for lumbar spine (original: consult and treat).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management treat, lumbar spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The patient has had many forms of conservative therapy with such as medications and physical therapy. He had a previous pain management consultation with recommendation of ESI. It is unclear if he had the ESI and the results of it. Whether or not he had it, the patient has persistent symptoms. It is considered medically necessary for the patient to have a pain management consultation and treatment with persistent symptoms. Therefore, I am reversing the prior UR decision.