

<b>Case Number:</b>	CM15-0023171		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: North Carolina, Georgia  
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 58 year old male, who sustained an industrial injury on December 12, 2013. The injured worker had reported neck pain, low back pain and a budge in the abdomen. The diagnoses have included cervicalgia, lumbago, bilateral inguinal hernias and lumbar radiculitis. Treatment to date has included medications, physical therapy, electrodiagnostic studies, hernia surgery, lumbar spine injection, chiropractic care and a home exercise program. Current documentation dated November 25, 2014 notes that the injured worker complained of neck and low back pain with radiation to the lower extremities. Physical examination revealed tenderness and spasms of the paravertebral muscles of the cervical and lumbar spine. Range of motion of the cervical and lumbar spine was noted to be decreased. Straight leg raise was positive on the right. On January 15, 2015 Utilization Review non-certified a request for a pain management consultation for the lumbar spine and cervical spine. The MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for the lumbar spine and cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the records indicate a need for pain management consultation. A referral for this is medically indicated.