

<b>Case Number:</b>	CM15-0030677		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/24/2002
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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

Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained an industrial injury on 6/24/02. He subsequently reports ongoing lumbar pain radiating symptoms to the right lower extremity. The injured worker has undergone multiple back surgeries. Diagnoses include disc degeneration with mild stenosis. Treatments to date have included physical therapy and prescription pain medications. On 1/21/15, Utilization Review partially-certified a request for Pain management consultation and treatment for lumbar spine. The Pain management consultation and treatment for lumbar spine 2 days was modified to 1 day. The modification of the request was based on ACOEM Practice Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation and treatment for lumbar spine:** Overturned

**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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 7, Independent Medical Examiner, Page 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The orthopedic surgeon's report dated October 3, 2014 documented that the patient underwent several spine surgeries. The first was in 2005, which was an L5-S1 percutaneous nucleoplasty. Subsequent to this, he underwent an L4-5 and L5-S1 anterior interbody fusion in 2005. This was followed by a posterior fusion and decompression from L4 to S1 in 2006. X-rays of the lumbar spine taken demonstrated a solid fusion from L4 to S1. There was mild narrowing of the disk space above at L3-4. MRI magnetic resonance imaging demonstrated slight disk degeneration at L3-4 with a mild to moderate stenosis. He has an instrumented fusion from L4 to S1 with decompression. Diagnoses were status post L4 to S1 anterior-posterior fusion, and disk degeneration with mild stenosis. The orthopedic surgeon did not recommend any further surgical intervention. The patient may eventually need fusion above his current fused levels as he develops progressive degeneration and stenosis. Nonetheless, in the meantime, the orthopedic surgeon recommended avoiding surgery if possible. The orthopedic surgeon recommended chronic pain management. This would include medications, physical therapy, and possible injections. The patient should be plugged in with a pain management specialist. Medical records indicate that the patient would benefit from the expertise of a pain management specialist. The request for specialty referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for pain management consultation is medically necessary.