

<b>Case Number:</b>	CM15-0042585		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old male, who sustained an industrial injury on 03/10/2014. He reported injuries to his lower back and left lower extremity. The injured worker is currently diagnosed as having lumbar sprain/strain, lumbar muscle spasm, rule out lumbar disc protrusions, lumbar radiculitis, and status post lumbar epidural steroid injection. Treatment to date has included lumbar spine MRI, physical therapy, chiropractic treatment, lumbar epidural steroid injection, and medications. In a progress note dated 11/17/2014, the injured worker presented with complaints of occasional mild to moderate dull, achy low back pain radiating to left leg with tingling. The treating physician reported requesting authorization for pain management follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with pain management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational medicine practice guidelines, Chapter 7, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for low back and radiating left leg pain. Treatments have included epidural steroid injections and the claimant has not returned to work. Physical examination findings include a positive left straight leg raise. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing radicular symptoms and may be a candidate for further interventional care. Therefore, this request is medically necessary.