

<b>Case Number:</b>	CM15-0047081		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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(n) 62 year old male, who sustained an industrial injury on 3/13/13. He reported pain in the lower back and neck. The injured worker was diagnosed as having chronic neck pain, low back pain, spinal canal stenosis and bilateral upper extremity radiculitis. Treatment to date has included physical therapy, epidural injections, lumbar MRI and pain medications. As of the PR2 dated 1/16/15, the injured worker reports 7/10 pain in the neck and back. The treating physician noted tenderness over the paracervical musculature and limited range of motion due to pain. The treating physician requested a pain management referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

**Decision rationale:** This 62 year old male has complained of low back pain since date of injury 3/13/13. He has been treated with physical therapy, epidural steroid injection and medications. The current request is for pain management referral. The available medical records do not contain clear documentation regarding provider expectations from a pain management consultation. Additionally, the available provider records do not support that the therapeutic and diagnostic management scope of the treating physician has been exhausted. On the basis of the available medical records and MTUS guidelines cited above, pain management consultation is not indicated as medically necessary.