

<b>Case Number:</b>	CM15-0052499		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 35 year old male, who sustained an industrial injury on 10/13/2011. Currently, the injured worker complains of constant pain in the cervical spine with radiation of pain into the upper extremities, associated headaches that were migrainous in nature as well as tension between the shoulder blades, constant low back pain with radiation of pain into the lower extremities and frequent pain in the bilateral elbows/wrist/hands left greater than right. Physical examination of the lumbar spine demonstrated palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, restricted and guarded range of motion, no clinical evidence of stability on exam, tingling and numbness in the posterior leg and lateral foot which was an S1 dermatomal pattern, 4 strength in the ankle plantar flexors and S1 innervated muscle and asymmetric ankle flexes. Diagnoses included cervicalgia, lumbago, carpal tunnel syndrome and cubital tunnel syndrome. The treatment plan included a referral to a pain management specialist for consideration of lumbar epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One referral to the pain management specialist for consult (only) possible CESI/LESI:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The injured worker was responsive to conservative therapy and diagnostic imaging lacked evidence of cervical radiculopathy. The request is not medically necessary.