

<b>Case Number:</b>	CM15-0057682		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 11/2/13. She reported low back pain and bilateral shoulder pain with numbness to the fingers. The injured worker was diagnosed as having lumbar sprain, shoulder/arm sprain, and neck sprain. Treatment to date has included acupuncture and medications. Currently, the injured worker complains of low back pain without radiation and bilateral shoulder pain. The treating physician requested authorization for 1 referral to pain management for consultation for lumbar pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Referral to pain management for consultation for lumbar pain:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page. 127.

**Decision rationale:** The patient presents with pain affecting the low back and bilateral shoulders. The current request is for 1 Referral to pain management for consultation for lumbar pain. The treating physician report dated 4/7/15 (29B) notes that the patient is experiencing chronic low back pain on a level of 8/10. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the treating physician is an Orthopedic Surgeon who is referring the patient to a pain management specialist, for medication therapy and pain management in order to properly treat the patient's chronic low back pain. Furthermore, the treating physician has noted that the patient would benefit from additional expertise and guidance regarding pain management. The request is medically necessary. Recommendation is for authorization.