

<b>Case Number:</b>	CM15-0082939		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 48 year old female who sustained an industrial injury on February 15, 2011. She has reported left lumbar spine pain which radiates to the left lower extremity to the lateral thigh to the knee and occasional radiation to the left big toe and has been diagnosed with lumbar spine sprain/strain with bilateral sciatica, right groin pain, and right hip sprain/strain. Treatment has included electrical stimulation, hot pack, cold pack, exercises, medications, physical therapy, surgery, and acupuncture. Currently the examination of the lumbar spine revealed a positive straight leg raising test on the left. Sensory and motor power testing are within normal limits. The treatment request included 1 pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medical care referral Page(s): 301-310.

**Decision rationale:** MTUS supports that Physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. The medical records indicate neurologic symptoms of straight leg raise that has failed other conservative care. Pain Management consultation is supported to provide primary treating physician with information for diagnosis, treatment and prognosis of neurologic findings. The request is medically necessary.