

<b>Case Number:</b>	CM15-0232592		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 57-year-old male, who sustained an industrial injury on 10-27-09. Medical records indicate that the injured worker is undergoing treatment for head pain, cervical spine radiculitis, cervical disc disease, thoracic spine sprain-strain, thoracic spine myofascial pain syndrome, lumbar radiculopathy, lumbar disc protrusions, insomnia, depression and status-post lumbar spine surgery in 2014. The injured workers current work status was not identified. On (10-5-15) the injured worker complained of neck, mid and upper back, right shoulder, right elbow, right wrist, right knee and right ankle pain. The low back pain was noted to radiate in the pattern of the lumbar four and lumbar five dermatomes. The injured worker also noted headaches. The injured workers pain levels were rated from 2-5 out of 10 on the visual analog scale. Examination of the cervical, thoracic and lumbar spine revealed tenderness to palpation over the paraspinal muscles. Right upper extremity examination revealed tenderness to palpation and a restricted range of motion of the shoulder and wrist. Right knee and ankle examination revealed tenderness to palpation and a restricted range of motion. The injured worker noted that his cervical pain had increased. Treatment and evaluation to date has included medications, physical therapy and chiropractic treatments. Current medications were not provided. The Request for Authorization dated 10-5-15 is for a pain management consultation #1 for the lumbar spine. The Utilization Review documentation dated 10-28-15 non-certified the request for a pain management consultation #1 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment.

**Decision rationale:** Pursuant to the ACOEM, one pain management consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are head pain, cervical spine radiculitis, cervical disc disease, thoracic spine sprain-strain, thoracic spine myofascial pain syndrome, lumbar radiculopathy, lumbar disc protrusions, insomnia, depression and status-post lumbar spine surgery in 2014. According to a May 2015 progress notes, the injured worker received physical therapy to the lumbar spine. The injured worker was prescribed opiates and topical analgesics. According to a September 23, 2015 progress note, the comments section indicates treatment helps, chiropractic therapy helps to decrease pain and tenderness, and the injured worker is pending a consultation with a psychiatrist and insomnia specialist. According to an October 5, 2015 progress note, the injured worker has ongoing mid and low back pain and pain in multiple body parts. The injured worker uses over-the-counter medications. Subjectively, VAS pain scores in the mid-upper back and lower back and decreased since the prior visit. Objectively, there is grade 3 tenderness to palpation over the paraspinal muscle groups (increased from grade 2 prior visit). The treating provider has requested additional chiropractic treatment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, pending consultation with a psychiatrist and insomnia specialist, documentation indicating chiropractic treatment helps to decrease pain and tenderness along with a decrease in the VAS pain score, one pain management consultation is not medically necessary.