

<b>Case Number:</b>	CM13-0005316		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management & Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

### 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 underlying date of injury in this case is 10/16/2012. The primary treating diagnosis is a lumbar strain. The patient is a 42-year-old man. He has received 14 physical therapy sessions so far. Lumbar MRI of 02/15/2013 demonstrated a mild posterior disk protrusion at L5-S1 and to a lesser degree at L4-L5. The patient has been noted to have decreased lumbar motion with no specific neurological deficits. Prior treating physician's note of 07/16/2013 noted the patient's pain continued to bother him and that pain management would be requested given the failure of improvement with therapy. Initial physician review in this case indicated that the patient's medical records did not establish any red flags or significant deterioration in symptoms to warrant a referral and that the patient should continue a course of conservative management prior to proceeding to other possible forms of medical management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation/evaluation and treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Pages 92 and 127, which is part of the MTUS..

**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, Chapter 7: Consultation, Page 127,.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically discuss the indications for pain management referral. The ACOEM Guidelines, Chapter 7, Consultation, page 127, states "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, when the plan and course of care may benefit from additional expertise." An initial reviewer notes that there are no red flags or significant deterioration that would warrant concern for a referral. Red flags might warrant an urgent referral or a surgical consultation. However, symptoms obtained alone which do not respond to conservative treatment are sufficient to support a referral to a pain specialist. Such a referral does not necessarily imply any specific type of treatment such as invasive treatment but rather implies assistance in diagnosis. This patient's ongoing pain symptoms did not resolve within anticipated time frame from conservative treatment. The guidelines do support an additional consultation in such a situation to help clarify the diagnosis and treatment plan. The referral to pain management for consultation/evaluation and treatment is medically necessary and appropriate.