

<b>Case Number:</b>	CM14-0126129		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53y/o female injured worker with date of injury 10/5/06 with related back pain and lower extremity weakness. Per progress note dated 5/15/14, she reported stiff lumbar spine and persistent generalized weakness of the legs. She had a hard time getting up and walked with a walker very slowly. She had a hard time moving with weakness of both lower extremities that did not follow any dermatomal pattern. There was no gross sensory deficit. Per 6/12/14 progress report, her legs were stronger and she was walking better, doing PT on her own as well. An MRI of the lumbar spine dated 4/11/14 indicated mild bilateral facet hypertrophy at L3-4 without spinal canal stenosis or neural foraminal narrowing. At L4-5 there was a mild disc bulge and bilateral facet hypertrophy resulting in mild spinal canal stenosis, but there was no neural foraminal narrowing. At L5-S1 there was mild bilateral facet hypertrophy without spinal canal stenosis or neural foraminal narrowing seen. Treatment to date has included physical therapy and medication management. The date of UR decision was 7/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**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) 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. Pain management consult is requested for the purpose of lumbar epidural steroid injections. Pain that the PTP feels he cannot optimize is sufficient reason for pain management consult. It is appropriate to refer to pain management to perform an assessment of whether ESI is indicated, and if not, to offer other options. The request is medically necessary.