

<b>Case Number:</b>	CM14-0131443		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

This injured worker is a 40 year old male with a reported date of injury 07/15/2011. The mechanism of injury was twisting his waist and spine. His relevant diagnoses included cervical radiculopathy, cervical sprain/strain, left carpal tunnel syndrome, left knee internal derangement, right knee internal derangement, loss of sleep, anxiety, depression, and psych component. His past treatments included 60 physical therapy sessions, 14 acupuncture sessions, unknown number of chiropractic sessions and two epidural steroid injections through 10/20/2013. The injured worker continued to have complaints of neck pain and stiffness radiating to both upper arms. On 09/09/2014 he self-rated his pain level as 4/10. He also complained of low back pain and stiffness radiating to both legs and self-rated his pain 7/10. He complained of right knee pain with a self-rated level of 5/10 and left knee pain with a pain level of 3/10. Upon physical examination the documentation showed tenderness to palpation of the bilateral upper trapezii, cervical paravertebral muscles and spinous process and shoulder depression caused pain bilaterally. There was decreased dermatomal sensation in the left lower extremity. Tenderness to palpation of the dorsal left wrist was documented with Phalen's test causing pain, and McMurray's test was positive for right and left knees. His medications were not documented. The treatment plan was to await pain management appointment. The request was for Pain management consultation- lumbar spine and no rationale was documented. The review did not contain a Request for Authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation- lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits

**Decision rationale:** The request was for Pain management consultation- lumbar spine is not medically necessary. The injured worker complained of pain to multiple areas of his body including neck, back, and knees. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The medical records indicated the patient had residual pain that was evidenced by subjective complaints and had evidence in the physical exam of signs consistent with his diagnoses. As such, the request for Pain Management Consultation for Lumbar Spine is medically necessary.