

<b>Case Number:</b>	CM14-0148175		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 39-year-old female with a date of injury of 03/15/2013. The listed diagnoses per [REDACTED] are: Cervical spine enthesopathy; Right upper extremity radiculitis; Lumbar spine enthesopathy; Lumbar spine degenerative disease; Lumbar spine disk protrusions, L4-L5, L5-S1, 2 mm; Chronic lumbar pain. According to progress report 06/23/2014, the patient presents with neck and low back pain. Examination of the cervical spine revealed tenderness to palpation over the right side paracervicals as well as the trapezius. Examination of the lumbar spine revealed tenderness to palpation over the right side paralumbar. Sciatic notch is tender to palpation on the right side. The patient's medication regimen includes naproxen 550 mg and pantoprazole 20 mg. The treating physician is requesting consultation with a pain management specialist. Utilization review denied the request on 08/11/2014.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.ODG (Official Disability Guidelines): Office visit

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),chapter:7, page 127

**Decision rationale:** This patient presents with continued neck and low back pain. The treating physician is requesting for a consultation with a pain management specialist for possible injections or further treatment recommendations. Utilization review denied the request stating "documentation does not indicate unusual or complex diagnostic etiologies for this patient's complaints." ACOEM Practice Guidelines 2nd Edition (2004) page 120 has the following, "Occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treating physician is concerned about the patient's continued pain and is seeking additional recommendations from a pain management specialist for possible injections. Recommendation is that the request is medically necessary.