

<b>Case Number:</b>	CM14-0160186		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/26/2000
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 and is licensed to practice in Alabama. 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 claimant is a 45 year old male with an unclear date of injury. He ambulates with a cane and has had 5 lumbar surgeries in the past. He presents with continued low back pain which is constant severe sharp, stabbing radiating to left leg with numbness and tingling. He has also noted weakness. Pain increases with movement, bending, prolonged standing and walking. He rated his pain at 9/10. There is a request to follow up with pain management specialist [REDACTED] or any other pain specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations

**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 Independent Medical Examinations and Consultations

**Decision rationale:** The guidelines indicate that the necessity of secondary consultations is dependent upon specific question with respect to a diagnosis, treatment or return to work issues. Although the records do not contain patient specific question or significant change in clinical picture supporting the necessity of secondary consult. This request is medically necessary.