

<b>Case Number:</b>	CM14-0212711		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 43-year-old man who sustained a work-related injury on February 22, 2013. Subsequently, he developed low back pain. The patient underwent a left L5-S1 transforaminal epidural steroid injection, noneffective, performed on October 23, 2014 and a left L3-4 interspinous trigger point injection, noneffective, performed on October 23, 2014. Other treatments also included massage, e-stim, right hemilaminotomy and discectomy, and physical therapy. According to the progress report dated November 12, 2014, the patient complained of increased low back pain and left leg pain with left leg numbness and tingling. The patient described constant achy low back pain with occasional sharp pain radiating to the left buttock and down the left leg. He reported 7/10 in severity. He has discontinued Norco and Gabapentin given little relief. The patient stated he has pain throughout his entire body, including his neck. Objective findings included: stable gait, normal heel and toe walking, flexion 80 degrees, extension 5 degrees, Motor: quadriceps, dorsiflexion, and plantar flexion 5/5 bilaterally, reflexes: patella 2+, Achilles 1+ bilaterally, sensation intact. The patient was diagnosed with low back pain with left L5 radiculopathy and myofascial pain with L3-4 interspinous ligament trigger point. The provider requested authorization for Multidisciplinary Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Postsurgical Treatment Guidelines Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach : (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)". There is no documentation that the patient response to pain therapy falls outside the expected range. There is no documentation of red flags indicating the need for Multidisciplinary Evaluation. Therefore, the request for Multidisciplinary Evaluation is not medically necessary at this time.