

<b>Case Number:</b>	CM15-0011814		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 54 year old male, who sustained an industrial injury on August 30, 2011. He has reported lower back pain and leg pain. The diagnoses have included lumbar spine sprain/strain. Treatment to date has included nerve root blocks, cortisone injection, medications and physical therapy. The imaging studies of the lumbar spine showed kyphosis, intact fusion and degenerative changes but no severe stenosis. There was no significant pain relief or functional improvement reported following the L3 epidural/ selective nerve blocks on 11/21/2014 and 12/15/2014. A progress note dated December 15, 2014 indicates a chief complaint of continued lower back pain radiating to the lower extremity associated with numbness and tingling sensation despite treatment. The provider noted the absence of objective findings supporting a diagnosis of lumbar radiculopathy. The recent EMG dated 12/5/2014 was noted to show chronic L5 radiculopathy that was not different from pre-lumbar fusion findings. The symptoms were noted to point to L3 dermatomal level. It was suggested that the patient may benefit from a revision surgery at L3 level. The treating physician is requesting pain management evaluation and treatment for the lumbar spine. On January 8, 2015 Utilization Review denied the request citing the MTUS, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management evaluation and treatment for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89,127.

**Decision rationale:** The CA MTUS recommend that patients can be referred to a specialist when the diagnosis is complex or additional expertise treatment will be beneficial in the management the patient. The record indicate that the patient had completed but did not benefit from several interventional pain procedures including selective nerve blocks as well as medications management. It was noted that the objective, radiological and EMG findings did not support the severity of the subjective complaints. There is no documentation of evaluation for other management approaches such as recent physical and behavioral therapy. There was a recommendation of possible revision lumbar surgery that is not the expertise of pain management. The expertise of the pain management specialist such as interventional pain injections and medications management had already been exhausted. The criteria for pain management evaluation and treatment of lumbar spine was not met.