

<b>Case Number:</b>	CM15-0013402		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California, District of Columbia, Maryland  
 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 58 year old male who sustained an industrial injury on 06/02/11. He reports right knee/leg pain, as well as lower back, left shoulder, left knee/leg, and right long finger pain. Diagnoses include lumbar spine disc rupture, right bilateral knee strain, and left shoulder strain. Treatments to date include medications and acupuncture. In a progress noted dated 12/08/14 the treating provider reports requests for physiotherapy, MRIs of the lumbar spine, bilateral knees, upper and lower extremity EMG/NCV studies, and pain medicine consultation. On 12/30/14 Utilization Review non-certified the request for pain medicine consultation, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has been sufficiently established by the documentation available for my review. The IW has had multiple procedures performed by a pain medicine specialist in the past, so the need for and precedent of specialized care has been established in this case. The request is medically necessary.