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| <b>Case Number:</b>   | CM15-0013606 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 04/17/2013 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/16/2015 |
| <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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on April 17, 2013. The diagnoses have included lumbago, lumbar facet syndrome and right shoulder impingement. The injured worker is a 49 year old female, who sustained an industrial injury on April 17, 2013. The diagnoses have included lumbago, lumbar facet syndrome and right shoulder impingement syndrome. Treatment to date has included pain medication. Currently, the injured worker complains of lumbar pain right greater than left with radiation into right groin and right big toe greater than second and third toes, constant pain. In a progress note dated December 4, 2014, the treating provider reports lumbar spine moves slowly and cautiously, active full range of motion, pain L4 to coccyx area bilaterally with extension, lateral bending left and light palpation. On January 14, 2014 Utilization Review non-certified a consult with a pain management physician for possible facet injection, noting, Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult With A Pain Management Physician (For Possible Facet Injection):** 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. page. 127

**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), Independent medical examination and consultations. Ch:7

**Decision rationale:** The 12/04/14 report by Dr. ■■■, Physical Medicine and Rehabilitation Specialty, states the patient presents with lower back pain radiating into the right groin and right toes rated 6-8/10 without medications along with right shoulder pain. Examination shows pain L4 to the coccyx area bilaterally. The current request is for CONSULT WITH A PAIN MANAGEMENT PHYSICIAN FOR POSSIBLE FACET INJECTIONS per the 12/04/14 RFA and report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state: The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, the reports provided show the patient received a Medial Branch Block L4-5, L5-S1 on 02/05/14 results not documented, and the patient's listed diagnoses include lumbar facet syndrome. Guidelines allow referral to specialists when additional expertise may help the physician provide an appropriate course of care. The request IS medically necessary.