

<b>Case Number:</b>	CM15-0015663		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 57 year old female, who sustained an industrial injury on 02/17/2011. She has reported low back pain. The diagnoses have included osteoarthritis, spondylosis (lumbosacral region), and spondylolisthesis. Treatment to date has included medications, aquatic therapy, physical therapy, and surgical intervention. Currently, the injured worker complains of ongoing pain in her lower back with radiation down the right lower extremity. A treating physician's progress note, dated 01/02/2015, reported objective findings to include tenderness at the lumbosacral junction L3 through S1 as well as the superior iliac crest. There is positive straight leg raise on the right side and tibialis anterior weakness on the right side compared to the left. X-rays obtained on that day demonstrated spondylolisthesis with discogenic narrowing at the L3-L4 level. The plan of treatment includes a discuss of treatment options with the patient which included undergoing pain management evaluation and treatment or to proceed with additional surgery. The patient was unsure about further surgery and a request was made for a pain management consultation. On 01/23/2015 Utilization Review modified an Evaluation and Treatment with Pain Management, to Pain Management Consultation. The MTUS, ACOEM Guidelines was cited. On 01/27/2015, the injured worker submitted an application for IMR for review of Evaluation and Treatment with Pain Management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and Treatment with Pain Management: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Pain

**Decision rationale:** Evaluation and Treatment with Pain Management is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request for an evaluation is reasonable given the patient's ongoing pain and history however the request as written asks for evaluation and treatment which is not medically necessary. The treatment options may or may not be medically indicated therefore this entire request is not medically necessary.