

<b>Case Number:</b>	CM15-0114666		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a March 10, 2010 date of injury. A progress note dated May 18, 2015 documents subjective complaints (right sided lower back pain with pain through the right buttock and down the lateral thigh with cramping in the lateral calf to the ankle; intermittent numbness on the right anterior thigh; right lateral thigh pain from the greater trochanter to above the knee), objective findings (decreased sensation over the right L4 dermatome distribution; tenderness to palpation over the right greater trochanter), and current diagnoses (bilateral greater trochanter bursitis; L4-5 severe disc degeneration; L4-5 stenosis; bilateral leg radiculopathy with right L3 and L4 motor and sensory changes). Treatments to date have included medications, epidural steroid injection without improvement, right greater trochanter injections which relieve a component of the right lateral thigh pain temporarily, magnetic resonance imaging of the lumbar spine on March 3, 2014 that showed degenerative change with grade I retrolisthesis of L4 on L5 with mild to moderate bilateral neural foraminal stenosis, and lumbar spine surgery. The treating physician documented a plan of care that included a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing pain despite conservative therapy. The referral for a pain specialist would thus be medically necessary and approved.