

<b>Case Number:</b>	CM15-0118338		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 37 year old female with a September 24, 2012 date of injury. A progress note dated May 5, 2015 documents subjective complaints (lower back pain rated at a level of 10/10; left lower extremity pain rated at a level of 7/10; right lower extremity pain rated at a level of 5/10; numbness on the dorsum of the left foot and right foot), objective findings (good strength in the bilateral lower extremities with numbness to the dorsum of the bilateral feet, left greater than right), and current diagnoses (lumbago; lumbar radiculopathy). Treatments to date have included medications, bilateral sacroiliac joint injections, physical therapy, chiropractic treatments, and imaging studies. The treating physician documented a plan of care that included pain management for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Pain Management Lumbar Spine Qty 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

**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 form 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 complaints of ongoing back pain that have failed treatment by the primary treating physician. Therefore criteria for a pain management consult have been met and the request is medically necessary.