

<b>Case Number:</b>	CM15-0123754		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 male who sustained an industrial injury on 10/3/02. Progress note dated 6/4/15 reports last seen one month ago and still has complaints of low back pain radiating down the right leg associated with numbness and tingling and right knee pain more than the left. He is taking Norco, which relieves his pain by 25% to 30% for approximately 3 hours. He is also taking an anti-inflammatory medicine prescribed by the orthopedist. Back pain increases with sitting. Diagnoses include chronic low back pain with right sciatica, aggravation of pre-existing condition, probable right L5 radiculopathy, status posts lumbar decompression and fusion, L5-SI, May 31, 2011, bilateral knee status post right total knee arthroplasty, 1/28/13, status post right knee debridement, status post left total knee arthroplasty, diabetes mellitus, hypertension, major depression and chronic opioid pain management, informed consent with CURES last checked 5/5/15. Plan of care includes: continue on Norco, continue anti-inflammatory medicine, and recommend second opinion consultation with another pain medicine specialist, request right SI transforaminal epidural steroid injection. Work status was not noted. Follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for second opinion with alternate pain medicine specialist QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 82-83, 76-77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** This claimant was injured in 2002. As of June 2015, there is still low back pain radiating down the right leg associated with numbness and tingling and right knee pain more than the left. He is taking Norco, which relieves his pain by 25% to 30% for approximately 3 hours. He is also taking an anti-inflammatory medicine prescribed by the orthopedist. Diagnoses include chronic low back pain with right sciatica, aggravation of pre-existing condition, probable right L5 radiculopathy, status posts lumbar decompression and fusion, L5-S1, May 31, 2011, bilateral knee status post right total knee arthroplasty, 1/28/13, status post right knee debridement, status post left total knee arthroplasty, diabetes mellitus, hypertension, major depression and chronic opioid pain management. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the alternate consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.