

<b>Case Number:</b>	CM15-0124120		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/27/2005
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/19/2015
<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: 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 (IW) is a 49-year-old female who sustained an industrial injury on 05/27/2005. Diagnoses include chronic low back pain with bilateral lumbar radicular pain/sciatica; status post lumbar decompression and fusion at L3 to L5 with hardware removal; possible sacroiliac joint mediated pain with sclerosis of the sacroiliac joints (per CT scan); possible angular instability above the fusion site; facet arthropathy above and below the fusion site (per CT scan); autoimmune angioedema, hypertension, asthma, hypothyroidism and NSAID intolerance; and transitional segment L5-S1. Treatment to date has included medications, acupuncture and lumbar epidural steroid injections (LESI). The most recent LESIs provided more than 50% pain relief for about two months. According to the progress notes dated 6/9/15, the IW reported low back pain rated 4/10 to 7/10. Medication was listed as Oxycodone IR 15mg, three to four tablets per day. She was using only one-half tablet at a time, which reduced her pain by 75% for approximately three to four hours. The pain relief allowed her to go to the gym and exercise; she estimated she could walk approximately two miles with pain medication. She believed she was using the lowest effective dose. She was working 24 hours a week as a nurse. A pain management agreement was signed. There was no comprehensive physical examination documented. Notes from the neurosurgeon dated 4/27/15 interpreted her CT and lumbar spine x-rays solid fusion from L3-4 to L5-S1; some bone noted extending up to L2 posterior and laterally, with evidence of a non-displaced pars fracture on the left L2. A request was made for consult and treatment with pain medicine for additional recommendations.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and treatment with pain medicine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This patient sustained a low back injury in September 2013 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments, going to the gym, working 24 hours a week, without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Consultation and treatment with pain medicine is not medically necessary and appropriate.