

<b>Case Number:</b>	CM15-0171194		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, New York, 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 applicant is a represented 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 25, 2014. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for a pain management consultation. The claims administrator referenced an RFA received on August 17, 2015 in its determination. Non-MTUS Colorado Guidelines were invoked in the determination, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On August 3, 2015, the applicant reported ongoing complaints of low back pain. Pain management consultation was sought. The applicant was not working, it was acknowledged. 5/10 pain complaints were reported, despite seeming receipt of the spinal cord stimulator. The applicant's medication list was not detailed.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, pg 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Yes, the proposed pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had longstanding, ongoing low back pain complaints reported on August 3, 2015. The applicant was off of work. The applicant had received a spinal cord stimulator implantation, it was reported on that date. Obtaining the added expertise of a practitioner specializing in chronic pain, thus, was indicated, for treatment formulation, medication management, and/or disability management purposes. Therefore, the request is medically necessary.