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| <b>Case Number:</b>   | CM15-0179525 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 02/24/2009 |
| <b>Decision Date:</b> | 10/30/2015   | <b>UR Denial Date:</b>       | 08/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 40 year old female with a date of injury on 2-24-2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic musculoligamentous stretch injury, cervical spine, without radiculopathy with acute exacerbation of pain, disc herniation at L4-L5 and L5-S1 per MRI 4-21-2104; chronic musculoligamentous stretch injury thoracic spine without radiculopathy with acute exacerbation of pain; chronic musculoligamentous stretch injury lumbar spine, with radiculopathy with acute exacerbation of pain; right bicipital tendinitis; repetitive motion disorder left wrist; bilateral carpal tunnel syndrome and tenosynovitis left thumb. Medical records (3-4-2015 to 4-20-2015) indicate ongoing neck and low back pain secondary to disc bulges. The injured worker complained of headaches, neck pain radiating to the shoulders, upper back pain and low back pain radiating to both legs. She complained of bilateral hand pain radiating to the arms, left wrist pain and left thumb pain. She also complained of irritability, anxiety and difficulty falling asleep. Per the treating physician (3-4-2015), the injured worker was to remain off work. The physical exam (4-20-2015) revealed tenderness to palpation and spasm over the paracervical muscles and trapezius bilaterally. There was tenderness to palpation and spasm over the paralumbar muscles. There was tenderness to palpation of the bilateral wrists. Treatment has included eight sessions of chiropractic treatment, eight sessions of acupuncture, aquatic therapy and medications. Current medications were not listed in the submitted progress reports. The treatment plan (3-4-2015) was to refer to a pain management specialist for evaluation regarding possible epidural steroid injection to the lumbar spine. The request for authorization dated 3-26-2015 included referral to pain management. There was also a request for authorization dated 5-22-2015 for a pain management consult. The original Utilization Review (UR) (8-14-2015) denied a request for consultation with 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:

**Referral to a pain management for the lumbar spine (consultation):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's assertion that the request is not indicated because epidural steroid injection is not warranted. The scope of practice for pain management physicians extends beyond simply ESI's. I disagree with the assertion that there is no indication as to why the medications the injured worker is on require specialist management, particularly pain management/consultation. The indication is that the pain is not controlled. I agree with the UR physician's assertion that lumbar radiculopathy has not been diagnosed and the pain may be facetogenic in origin. A pain management consult is being requested to ascertain this as this is beyond the scope of the PTP, and the implication is that consideration will be given to other spinal injections which may be more appropriate. The request is medically necessary.