

<b>Case Number:</b>	CM15-0022144		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/19/2007
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 57 year old female, who sustained an industrial injury on August 19, 2007. She has reported low back pain and left lower extremity numbness and tingling with associated weakness and footdrop. The diagnoses have included chronic low back pain and bilateral lower extremity pain with numbness and tingling, worse on left than right, status post lumbar surgery in 2008 for decompressive laminectomy and microdiskectomies involving levels of lumbar 3to 5 and lumbar 4-5 and lumbar 5-sacral 1 respectively, residual significant foraminal stenosis of the lumbar and sacral regions, worse on the left and lower extremity radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, steroid injections, work restrictions and pain medications. Currently, the IW complains of low back pain and left lower extremity numbness and tingling with associated weakness and foot drop. The injured worker reported an industrial injury in 2007, resulting in chronic back pain and lower extremity weakness with radiculopathies. She was treated with conservative therapies without resolution of pain and required surgical intervention.

Unfortunately, the pain continued. On October 27, 2014, evaluation revealed continued pain. It was noted she was a candidate for a spinal cord stimulator after failed back surgery syndrome. A psychological evaluation was requested. Epidural injections were ordered. On February 3, 2015, Utilization Review non-certified a request for (Retro) DOS 12/15/14 Follow-up evaluation with a pain management specialist for the low back and lower extremity, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 5, 2015, the injured worker submitted an

application for IMR for review of requested (Retro) DOS 12/15/14 Follow-up evaluation with a pain management specialist for the low back and lower extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**(Retro) DOS 12/15/14 Follow-up evaluation with a pain management specialist ( low back, lower extremity):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment, management of medical conditions Page(s): 398.

**Decision rationale:** MTUS guidelines support the medical necessity that all new medical conditions or exacerbations of chronic medical conditions should be evaluated and treated according to best clinical practice. The insured is noted to have persistent conditions of pain and neuropathic conditions of sensory and motor changes. The guidelines support evaluation by specialist to determine the nature and diagnosis of such conditions to guide further diagnostic and/or therapy treatment.