

<b>Case Number:</b>	CM15-0023556		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, 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 46 year old male who reported an industrial injury on 3/10/2014. His diagnoses, and/or impressions, are noted to include: sprain/strain of the lumbar spine; lumbar muscle spasms; large lumbar and lumbosacral spine disc herniation's with nerve root compromise, foraminal stenosis, and radiculopathy; lumbago; and lumbar radiculopathy. The history notes a previous work-related low back injury in 2012. No current imaging studies are noted. His treatments have included left lumbar trans-laminar epidural injections with lumbar epidurography (10/7/14); physical therapy; acupuncture treatments; medication management; a functional capacity evaluation (11/12/14); and rest from work, as he is totally disabled. The progress notes of 12/15/2014 noted complaints of occasional, mild, dull, achy low back pain that radiated to the left leg, with tingling; that his pain was not aggravated by his return to full work duties; and that acupuncture treatments helped. Objective findings were noted to include decreased and painful lumbar range-of-motion; tenderness to the lumbar para-vertebral muscles; and mild left pain with Kemp's. The physician's requests for treatments were noted to include a follow-up consultation with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up consultation with pain management for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127 x Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

**Decision rationale:** Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.