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| <b>Case Number:</b>   | CM15-0065990 |                              |            |
| <b>Date Assigned:</b> | 05/05/2015   | <b>Date of Injury:</b>       | 02/11/2013 |
| <b>Decision Date:</b> | 06/04/2015   | <b>UR Denial Date:</b>       | 03/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2015 |

### 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: 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 injured worker is a 39 year old male, who sustained an industrial injury on 2/11/13. He has reported initial complaints of low back pain after slipping and sliding on an oily floor at work. The diagnoses have included low back pain and lumbar disc degeneration. Treatment to date has included medications, physical therapy and chiropractic without benefit, acupuncture with benefit, and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI). The current medications included Aleve, Flexeril and Naproxen. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of low back pain and stiffness with occasional radiation to the leg. He reports that at the end of the day there is a burning sensation in the low back. The pain is constant and rated 4-5/10 on pain scale. Physical exam revealed tenderness in the low back and pain with range of motion. There was no therapy documentation noted in the records. Work status was modified duty with restrictions. The physician treatments recommended was to continue with medications, ice/heat to low back, physical therapy and acupuncture. The physician requested treatment included Pain management consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 03/03/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Opioids Dosing Section Page(s): 78, 86.

**Decision rationale:** The MTUS guidelines recommend consultation with pain management if opioids are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no clear objective evidence of a need for the pain management consult prior to more conservative methods of pain control. The request for pain management consult is not medically necessary.