

<b>Case Number:</b>	CM15-0067325		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, 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:

The injured worker is a 28 year old male, who sustained an industrial injury on 7/11/14. He reported low back pain and left hip pain. The injured worker was diagnosed as having lumbar spine strain. Treatment to date has included acupuncture, chiropractic treatment, aqua therapy, and the use of a heatwave/TENS unit. A MRI of the lumbar spine performed on 1/8/15 revealed left foraminal to lateral zone disc protrusion with an annular fissure at L2-3. L4-5 posterior bony spurring extending into bilateral foraminal zones and a disc bulge with a central annular fissure was noted. L5-S1 left foraminal to lateral zone disc protrusion with moderate left foraminal narrowing was also noted. Currently, the injured worker complains of constant, throbbing, dull, shooting pain in the lumbar spine. The treating physician requested authorization for a follow-up consultation with pain management for the lumbar spine. A physician's report noted a pain management consultation was needed for consideration of lumbar epidural steroid injections.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127, consultation, Official Disability Guidelines (ODG)-low back chapter, office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**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. The UR physician's rationale for denial was not available for review. The referral is consistent with the standard of care to refer injured workers with refractory pain to pain management specialists. The request is medically necessary.