

<b>Case Number:</b>	CM15-0070694		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48-year-old male, who sustained an industrial injury on October 13, 2014. He reported severe lower back pain. His initial diagnosis was muscle spasm back, lumbar sprain/strain, and thoracic sprain/strain. The initial treatment included ice, a non-steroidal anti-inflammatory injection, a lumbar support, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. The injured worker was currently diagnosed as having lumbar strain, ligament and muscle strain and spasm, and bilateral lumbar 4-lumbar 5 radiculopathy. Diagnostics to date has included an MRI. Treatment to date has included acupuncture, chiropractic therapy, home exercise program, work modifications, trigger point injections, and medications including pain, steroid, muscle relaxant, oral non-steroidal anti-inflammatory. On February 11, 2015, the injured worker complains of continued sharp, dull, aching pain of the lumbar spine that radiates to the bilateral lower extremities. His baseline pain is rated 6-7/10. His pain is relieved with rest and medications. The physical exam revealed a normal gait, no pain with heel and toe walking, limited lumbar range of motion due to pain, positive bilateral straight leg raise, decreased sensation in the bilateral lumbar 4-lumbar 5 pattern, and normal motor strength and deep tendon reflexes of the lower extremities. The treatment plan includes a follow-up a/ another physician and continuing his home exercise program and medications. The requested treatments are pain management and functional capacity evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

**Decision rationale:** This 48 year old male has complained of low back pain since date of injury 10/13/14. He has been treated with trigger point injections, acupuncture, physical therapy and medications. The current request is for a pain management consultation. Per the MTUS guidelines cited above, pain management consultation is not indicated at this time. There is no documentation of previous therapies tried and response to those therapies. There is no documentation regarding provider expectations from a pain management consultation. Because of the available medical records and MTUS guidelines cited above, pain management consultation is not indicated as medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 48 year old male has complained of low back pain since date of injury 10/13/14. He has been treated with trigger point injections, acupuncture, physical therapy and medications. The current request is for a functional capacity evaluation. Per the ACOEM guidelines cited above, a functional capacity evaluation is not indicated in the treatment of low back pain. Because of the available medical documentation and per the ACOEM guidelines cited above, functional capacity evaluation is not indicated as medically necessary.