

<b>Case Number:</b>	CM15-0071814		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/20/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 9/20/14. The initial complaints were not noted. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included physical therapy 6 visits; chiropractic therapy 6 visits. Currently, the PR-2 notes dated 3/12/15 indicated the injured worker was in a lot of pain. The pain level, subjectively, has changed within the last two visits. On the provider's examination there are noted myospasms identified in the lumbosacral fascia and restriction although the level was graded at 2/5 as it pertained to tautness and myospasm. The injured worker has rendered treatment, which included moist heat, hip flexion stretching and lumbar facet mobilization. The provider documents the injured worker's condition seems to be responding gradually to care with subjective factors are greater than objective findings and will continue to treat the injured worker as prescribed. The medical documentation did not include any diagnostic or radiographic studies. The provider is requesting a Consultation with Pain Specialist for Sacrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Pain Specialist for Sacrum:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the indication for pain referral expected intervention or issues with uncertainties of the claimant's condition was not specified. The claimant was receiving multiple modalities of therapy and intervention with noted improvement. The request for a pain specialist is not substantiated and not medically necessary.