

<b>Case Number:</b>	CM15-0077598		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 65 year old male who sustained an industrial injury on 11/20/2007 due to a fall from a moving chair. The injured worker was diagnosed with lumbar spondylosis without myelopathy, myalgia, cervicgia and depression. The injured worker has a medical history of hypertension, gout and diabetes mellitus. Treatment to date includes conservative measures, diagnostic testing, physical therapy, pool therapy, acupuncture therapy, lumbar transforaminal epidural steroid injection (ESI) latest injection on March 3 2015 and medications. According to the primary treating physician's progress report on March 20, 2015, the injured worker continues to experience neck, left shoulder, and low back pain and right lower extremity pain. The injured worker rates his pain level at 6/10 with medications. Physical examination was not current however according to the January 13, 2015 the treating physician reported the injured worker's gait and movements are within baseline for his level of function and intact neurologically. Current medications are listed as Gabapentin, Naproxen, Mirtazapine, Fluoxetine, Hytrin, Allopurinol and Omeprazole. Treatment plan consists of urine drug screening, second lumbar transforaminal epidural steroid injection (ESI) and the current request for follow-up consultation with pain management times 6.

### 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 x6: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Evaluation and Management (E&M).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pain Page(s): 303-306.

**Decision rationale:** MTUS supports referral for specialty care referral for when there is: Severe and disabling symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to pain for more than one month or extreme progression of symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from care. Failure of conservative treatment to resolve disabling radicular symptoms. The medical records provided for review report persistent pain despite conservative care and do document a condition known to benefit in both short and long term from pain management care. Congruent with MTUS, the medical records do support medical necessity for referral to specialist.