

<b>Case Number:</b>	CM15-0078667		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56-year-old female, who sustained an industrial injury on March 15, 2004. The injured worker was diagnosed as having lumbar/sacral disc degeneration, cervical postlaminectomy syndrome, scoliosis, myalgia and myositis, lumbar postlaminectomy syndrome, lumbosacral spondylosis, cervical spine stenosis, cervical disc displacement, carpal tunnel syndrome, headache, long-term medication use, sacroiliitis, and arthrodesis status. Treatment to date has included sacroiliac injection, zero gravity chair, home exercise program (HEP), x-rays, MRI, and medication. Currently, the injured worker complains of neck, back, and right shoulder pain. The Primary Treating Physician's report dated March 6, 2015, noted the injured worker improved after a recent sacroiliac joint injection, with much less pain in the right buttock and thigh. The injured worker's medications were listed as Ambien CR, Reglan, Nadolol, Lexapro, Methylphend, Levoxyl, Tylenol Extra Strength, Lipitor, Digoxin, Cyclobenzaprine, Trazodone, Cymbalta, Dexilant, Tigan, Pentazocine-Naloxone, Amrix, Pentazocine-Acetaminophen, and Fiorinal. Physical examination was noted to show the lumbar spine tender at the right sacroiliac joint with trigger points noted in the paraspinals right greater than left and gluteal muscles. The cervical spine was noted to be mildly tender at C7 and moderate tenderness at C5-C3 region. The treatment plan was noted to include referral for consultation on chronic pain and recommendations for further treatment, and referral for consideration on non-medication options for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Consultation for Multi-Disciplinary pain program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional restoration programs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. The injured worker has a long history of treatments both surgically and non surgically, pharmacologically and non pharmacologically. The injured worker has seen multiple pain doctors in the past and the recent psychiatrist recommendation was for a pain pump consideration. There is no documentation that injured worker wants that or has failed all the treatments that are currently being implemented. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.