

<b>Case Number:</b>	CM13-0039744		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old male who sustained a work-related injury on 1/22/07, causing low back pain and right leg pain. He underwent decompressive lumbar laminectomy at L2-L5 in October of 2010, but did not improve. He has had a number of injections without much benefit. MRI showed marked residual stenosis from L1-2 through all levels down to and including L4-5. Per a progress report dated 11/12/13, the patient is not working. He was going to a spine clinic at that time, and had received a series of epidural injections. Neurosurgery had been suggested. The patient felt the pain was worsening, and would like to discuss surgical options.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**transfer of care to a chronic pain specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS is silent on the topic of transfer of care. Per the Official Disability Guidelines, office visits are recommended as determined to be medically necessary, as evaluation and management visits play a critical role in the proper diagnosis and

return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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. The documentation submitted for review indicates that the injured worker is permanent and stationary with permanent restrictions. A neurosurgeon has recommended him for surgery. Laminectomy is still requested. Since the injured worker desires surgery, transfer to a chronic pain specialist and subsequent injections will likely be unsatisfactory. As pain was still managed with conservative medication, the necessity of the request has not been established. The request is not medically necessary.