MAXIMUS Federal Services

| Case Number: | CM13-0040187 | | |
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| Date Assigned: | 12/20/2013 | Date of Injury: | 09/16/2010 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

## 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 Physical Medicine & Rehabilitation, has a subspecialty Certificate in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported an injury on 09/16/2010 after she broke up a student fight and ended up being knocked to the ground and assaulted multiple times. The patient reportedly sustained injury to the cervical, thoracic, and lumbar spine, as well as the right knee and right shoulder. The patient has had multiple surgical interventions of the lumbar spine. The patient's treatment history has included medications, a TENS unit, and epidural steroid injections. The patient's pain failed to respond to a spinal cord stimulator trial. The patient's most recent clinical examination findings included low back pain rated at 10/10. The patient's diagnoses include failed back surgery syndrome of the lumbar spine, chronic lumbar radiculopathy, insomnia due to pain, and status post successful intrathecal pump trial. The patient's treatment plan included implantation of an intrathecal catheter programmable opioid pump.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visits for one year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits

**Decision rationale:** The requested office visits for 1 year is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient will need ongoing monitoring due to significant chronic pain. The American College of Occupational and Environmental Medicine recommends follow-up physician visits every 3 to 5 days in the acute phase of the patient's injury. However, the clinical documentation indicates that the patient's complaint is chronic in nature. Official Disability Guidelines do recommend evaluation and management of patients who are undergoing treatments that require monitoring. The clinical documentation submitted for review does provide evidence that the patient is possibly a candidate for an intrathecal pain pump and regularly takes medications that require monitoring. However, the request does not clearly define the frequency of the office visits being requested. Additionally, the documentation does not address the basis for ongoing treatment for that length of time. As such, the requested office visits for 1 year is not medically necessary or appropriate.