

<b>Case Number:</b>	CM13-0048754		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Orthopedic Surgery, and is licensed to practice in Illinois, Texas, and West Virginia. 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 41-year-old female who reported a work related injury on 08/17/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: lumbar sprain/strain, lumbar spine facet arthropathy, lumbar spine multi-level disc protrusion, lumbar spine radiculopathy, and lumbar spinal stenosis. The clinical note dated 09/24/2013 reports the patient was seen in clinic under the care of [REDACTED]. The patient reports continued complaints of pain to the lumbar spine at 7/10. The provider documented the patient's complaints of pain are unresolved and her physical exam was unchanged. The provider requested authorization for quarterly labs and urine point of contact drug screening, refill of medications of Ibuprofen 800 mg one by mouth 3 times a day as needed with three additional refills, and return to clinic in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-visit 4-6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient is at a stable point in her treatment, status post a work related injury sustained in 08/2012. The requesting provider, [REDACTED] documented the patient presents with continued complaints of pain which are unresolved, and the patient's physical exam was noted as unchanged. The provider requested a return for the patient to followup no later than four to six weeks. However, specific rationale for this was not evidenced. As the provider noted, the patient received an ibuprofen prescription with three additional refills, and the patient did not require refills of omeprazole or tramadol. The clinical notes lacked evidence of the patient presenting with any significant change in condition or progressive symptomatology to support a return to clinic in four to six weeks. California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) indicate the goal of evaluation is, in fact, functional recovery and return to work. Given all the above, the request for a followup visit in four to six weeks is not medically necessary or appropriate.