

<b>Case Number:</b>	CM13-0049970		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/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 records reflect the date of injury is August, 2011. The request had been not certified in the preauthorization process going back to September, 2013. The injury was noted to involve the lumbar spine, chest, face and fractured nasal bones. It was noted that the lumbosacral pain had not improved and topical preparations were employed. Epidural steroid injections were pending. Multiple visits with a chiropractor and a physical medicine and rehabilitation specialists are noted. A QME evaluation was completed in October, 2013. The treatment to date was outlined in detail. The discussion noted the injury to be a forehead disfigurement, healed laceration, and cervical muscle spasm. It was determined that maximum medical improvement had been reached. Future treatment included medications and periodic physician visits. It was also noted that multiple epidural steroid injections were completed. Also noted was additional physical therapy. The most recent progress note indicates treatment for a neck injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT FOLLOW UP VISIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Low Back, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

**Decision rationale:** When considering the date of injury, the mechanism of injury, the injury sustained and the treatments rendered, there is insufficient clinical data presented to suggest that multiple providers are necessary to address this chronic problem. The primary treating provider has employed numerous consultants and no indication of any efficacy or utility with the altered treatment. As such, a single provider of healthcare for the compensable injury is all that would be supported. As such, this request is not medically necessary or appropriate.