

<b>Case Number:</b>	CM13-0050369		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Pain Management and is licensed to practice in California, Maryland, Florida, and Washington D.C. He/she has been in active clinical practice for more than five years and is currently working least at 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 34-year-old male who was employed as a machine tech by [REDACTED] at the time of his work related injuries. The patient sustained injuries, while performing his usual and customary work duties. He states that while he was moving a barrel (about 55 pounds) it began to fall and he braced it to prevent it from falling. As a result he experienced pain in his lower back and left leg. He started receiving treatments which included injections and he also underwent 2 back surgeries. His first surgery addressed his symptoms of urinary incontinence however he continued to have pain symptoms in his back and left leg. He was later referred to [REDACTED] for further evaluation and treatment. The second back surgery the patient had was in June of 2010, he reports that his left leg symptoms improved with the second surgery. He continued to receive treatment and medications. He has also undergone an evaluation by an agreed medical evaluator (AME). However he continued to experience pain and physical symptoms due to his work injuries. He adds that he was also referred for mental health services and received a few sessions of therapy which he did not find helpful. He has been taking Cymbalata for depression for some months now. He was being considered for a placement of a Spinal Cord Stimulation (SCS) and was referred for a pain psychological assessment and a detailed psychological assessment to determine readiness for the surgical procedure. In the most recent medical report dated 09/12/2013, the treating physician wrote: The patient presents today for follow-up. He does have ongoing low back pain and left lower extremity symptoms that he rates a 7/10 on the pain scale. Overall, his condition remains the same with no significant change. He does continue to have limitations with his activities inducing sitting, standing, and walking. He does have difficulty sleeping at night secondary to his pain complaints. He is taking Norco, Flexeril, senna, and utilizing Terocin patches. These medications do help with his pain and normalization of his function. He does have some

constipation secondary to the medications; he takes the Senokot for this. The comprehensive interval history form was reviewed. A four week follow-up examination was requested, and this was denied for lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Follow-up pain management office visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines online version regarding office visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain9Chronic)(Updated 1/7/2014)-Office Visits

**Decision rationale:** The follow-up office visit was denied by carrier because the predicated ongoing medication management was not proved. ODG States: office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Therefore, the four week follow-up examination requested is denied for lack of medical necessity.