

<b>Case Number:</b>	CM13-0069302		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in 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 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 injured worker is a 52-year-old female who reported an injury on 08/26/2008 after a slip and fall. The physical examination of 11/07/2013 revealed the injured worker had complaints of low back pain radiating to the bilateral lower extremities to the level of bilateral knee and foot. The injured worker complained of neck pain radiating to bilateral upper extremities to the level of bilateral hands. The injured worker's pain level was unchanged with an average pain level of 7/10 with medications and 10/10 without medications. The physical examination revealed the range of motion of the cervical spine had a moderate reduction secondary to pain. There was spinal vertebral tenderness in the cervical spine at C4 through C7. The sensory and motor examination revealed no change. The injured worker had positive 16/18 fibro tender points. Prior treatments included a spinal lumbar fusion in 03/2011, acupuncture, aquatic therapy, physical therapy, multiple medications, and psychological support. The diagnoses included lumbar and cervical radiculopathy, fibromyalgia, headaches, depression, anxiety, chronic pain other, medication-related dyspepsia, and status post lumbar spine removal of hardware. The treatment plan included a follow-up in 2 months, along with a urine drug screen, and medication refills for fluoxetine, gabapentin, pantoprazole, tizanidine, and Topamax. The submitted request was for ongoing follow-up evaluations with pain medicine specialist for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONGOING FOLLOW-UP EVALUATIONS WITH MAIN MEDICINE SPECIALIST FOR THE CERVICAL AND LUMBAR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary (Updated 10/14/13) Office Visits, Evaluation And Management (E & M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Low Back Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request for periodic evaluations may be appropriate, dependent upon each office visit and the clinical stability of the injured worker. The request as submitted failed to indicate the duration of care and the number of visits. Given the above, the requested ongoing follow-up evaluations are not medically necessary or appropriate at this time.