

<b>Case Number:</b>	CM13-0069363		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	06/30/2014	<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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, cervical radiculopathy, fibromyalgia, headaches, depression, anxiety, chronic pain, medication related dyspepsia, and status post removal of lumbar spine hardware. The injured worker was evaluated on 11/07/2013. The injured worker reported persistent lower back pain with radiation into bilateral lower extremities. Physical examination revealed moderately reduced range of motion to the cervical spine, tenderness to palpation at the C4-7 levels, no change in sensory examination, and no change in motor examination. The treatment recommendations included ongoing medication therapy with a random urine drug test and a follow-up evaluation in 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ON GOING FOLLOW EVALUATIONS WITH PAIN MEDICINE SPECIALIST FOR THE CERVICAL, LUMBAR, FIBROMYALGIA, HEADACHES, DEPRESSION AND ANXIETY:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Introduction Page(s): 1.

**Decision rationale:** California MTUS Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. As per the documentation submitted, the injured worker does maintain diagnoses of chronic pain, headaches, fibromyalgia, and cervical/lumbar radiculopathy. The injured worker does currently utilize anticonvulsants, a muscle relaxant, and an SSRI antidepressant. However, the current request for ongoing follow-up evaluations cannot be determined as medically appropriate. There is no quantity listed in the current request. As such, the request is not medically necessary.