

<b>Case Number:</b>	CM14-0002381		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/08/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Medicine and is licensed to practice in Texas and Oklahoma. 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 38-year-old female who reported an injury on 01/08/2011. The mechanism of injury was not specifically stated. Current diagnoses include lumbosacral spine spondylosis, right lower leg contusion and scar, and lumbosacral spine contusion. The injured worker was evaluated on 12/17/2013. The injured worker reported persistent pain without significant improvement. Physical examination revealed tenderness to palpation with restricted range of motion. Treatment recommendations at that time included a re-consultation with pain management and a return office visit on 02/04/2014. A Request for Authorization was then submitted on 12/20/2013 for a follow-up visit with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 FOLLOW-UP WITH PAIN MANAGEMENT SPECIALIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, there is no evidence of a significant change in the injured worker's physical examination findings that would warrant the need for ongoing pain management follow-up visits. Physical examination only revealed tenderness to palpation with restricted range of motion. There was no mention of current medications prescribed by a pain management specialist. The medical necessity has not been established.