

<b>Case Number:</b>	CM14-0128996		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 58 year old female who reported an injury on 01/08/2013. The mechanism for injury was not provided. Diagnoses were noted to be a bulging disc syndrome of the lumbar spine and low back pain. Past medical treatment listed physical therapy, medication, acupuncture, home exercise program, epidural injections, a facet injection, and a medial branch block. Diagnostic studies performed were MRI on 01/15/2013, a lumbar CT scan on 11/11/2013, a MRI of the thoracic spine on 12/26/2013, and a pelvic x-ray on 12/26/2013. There was no surgical history provided. On 07/07/2014, the injured worker complained of a constant pain preventing her from being able to work or function. The pain is relieved by Norco or laying flat on her stomach. Laying down made her 95% better and she felt no low back pain in that position. She stated that her pain is gradually worsening. Her pain was rated 6/10 on average, and at its best it is a 4/10, with a 10/10 at its worst. Upon physical exam, she was noted to score a 70% Oswestry score. On 05/01/2014, the injured worker was noted to have a loss of 75% forward flexion with pain, a loss of 75% extension with pain, and a loss of 75% left and right side-bending with pain upon evaluation of the back range of motion. There was mild muscle spasm noted bilaterally in the lumbar spine. No sensory deficits were noted. The relevant medications listed were Norco and Lorazepam. The treatment plan was pain management, consultation, and treatment. The rationale was not clearly documented. The request for authorization form was signed and submitted on 07/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation and treatment for lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

**Decision rationale:** According to the Official Disability Guidelines, outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates require close monitoring. 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. The injured worker reported that her pain is helped by Norco. She was documented to have improvement in the intensity of her pain during physical therapy in April, however, in July objective functional deficits were not adequately provided. There was no documentation providing evidence of monitoring the compliance or functional improvements with her current pain management. In the absence of documentation showing the rationale for a pain management consultation at this time, the requested is not supported. As such, the request is not medically necessary.