

<b>Case Number:</b>	CM14-0167502		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Occupational and environmental medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 50-year old female who sustained an industrially related injury on 4/6/2009 involving her neck and low back. She has ongoing complaints of 8/10 neck pain, 9/10 low back pain with radiculopathy. A physical examination date 10/6/14 describes; an assisted/antalgic gait, tenderness in the lumbar and thoracic paraspinal areas. She has decreased range of motion in the lumbar region and decreased sensation in the left S1 distribution and right L4-5 distributions. Strength is noted to be within normal limits bilaterally. A CT scan done on 5/13/14 demonstrated a L4-5 disc protrusion into the epidural space. A lower extremity EMG study of 5/22/2014 was within normal limits but incomplete. She is also status post L5-S1 decompression on 5/30/13. Historically this individual has attempted acupuncture and chiropractic without benefit. She is currently being managed through the use of oral medications and psychological therapies, which are both, noted to be helpful but the benefit is not defined or elaborated upon in the available records. There are current requests for continuation of pain management, orthopedic and psychological visits as well as internal medicine and gastroenterology visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up evaluation with pain management specialist (lumbar): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of 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". My review of the available records noted documentation of continuing chronic pain along with side effects of ongoing pain management therapy and new trials of various medications for pain being initiated. In a situation such as this; an individual who is disabled with a chronic pain syndrome that is unlikely to resolve and who is developing secondary negative effects from ongoing pain management, a follow up appointment with a pain specialist to evaluate current therapy would seem to be a prudent course. As such I deem a Follow-up evaluation with pain management specialist to be medically necessary.

**Ongoing follow-up evaluation with psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

**Decision rationale:** ODG states concerning psychological evaluation "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." While the above addresses evaluation and not ongoing therapy, psychological therapy is widely accepted as an effective modality in the management of long-term chronic pain syndromes. Given the available history this individual is noted to have benefited from prior psychological therapy, while this is a subjective benefit the nature of the modality can make objective characterization of physical benefits difficult. As such I am reversing the prior decision and deem a follow up evaluation with a psychologist to be medically necessary.

**Follow-up evaluation with internal medicine (stomach): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of 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". The available records note only reported symptoms of "constipation and loose stools" along with "stomach burning." These symptoms are not objectively defined, the individual has no specific GI diagnosis and it is not related as to how these symptoms relate to her injury. As such the request for Follow-up evaluation with internal medicine (stomach) is not medically necessary.

**Follow-up evaluation with orthopedic spine surgeon:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of 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". ACOEM additionally states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." The available records do not indicate any new symptoms that may be regarded AS "RED FLAGS" requiring a surgical consultation/follow up. It appears that the orthopedic team is managing the individuals' pain but this is more appropriately done by a pain specialist. As such the request for a Follow-up evaluation with orthopedic spine surgeon is not medically necessary.

**Follow-up evaluation with internal medicine (2 different requests with same specialty):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of 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". The available records do not note the reasons for this internal medicine follow, the diagnosis requiring IM care is uncertain as is how this request relates to this individuals injury. As such the request for Follow-up evaluation with internal medicine is not medically necessary.