

<b>Case Number:</b>	CM14-0170531		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Spine Surgeon 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 64-year-old male who reported an injury on 09/04/2012 due to while working as a teacher, walking into the classroom with the lights out, went to turn on the light and fell over power cords, fracturing his wrist and twisting awkwardly. The injured worker complained of wrist pain, urinary incontinence, and low back pain. The diagnoses included lumbar degenerative disc disease and lumbar focal spinal stenosis. Diagnostic studies included an MRI, CT scan, and an EMG/nerve conduction study. Surgeries included wrist surgery and spinal surgery that consisted of a laminectomy and decompression of the L4-5 and L5-S1 on 01/11/2014. Prior treatments included physical therapy, medication, cane, ice, heat, interferential unit, home exercise program and massage. The objective findings dated 06/03/2014 to the dorsal lumbosacral spine and lower extremities with range of motion that included forward flexion at 20 degrees and extension at 10 degrees. Mild weakness bilaterally at the EHL gastric soleus and peroneals right greater than left, straight leg raise was positive in the sitting position, calf and foot pain at 80 degrees to the lower extremities. No medications or VAS provided. The treatment plan included a consultation for a pain management specialist. The Request for Authorization dated 10/20/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a pain management specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back procedure Summary

**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 Visit

**Decision rationale:** The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' 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 the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The clinical notes dated 026/03/2014 did not include that medication or an objective pain level. Additionally, the documentation was unclear as to what the pain specialist consultation was in relation to. As such, the request for consultation with a pain management specialist is not medically necessary.