

<b>Case Number:</b>	CM14-0020919		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/13/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient has a reported date of injury of 10/13/2006. The patient has the diagnoses of thoracic sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis and chronic pain due to trauma. Current treatment modalities include TENS unit, home exercise program and oral pain medication. The progress note from the treating physician dated 12/02/2013 states the patient's pain scale is an 8/10 with worse pain in his low back, neck and shoulders over the last month. Physical exam showed diffuse tenderness to palpation over the thoracolumbar paraspinal muscles, the bilateral trapezius muscles, the left parascapular muscle and the lateral aspect of the right foot. There was also reduced sensation over the left lower extremity with atrophy. Treatment plan consisted of continued pain medication, continued psychiatric care, orthopedic evaluation for bilateral shoulder pain and progressive reduction in range of motion, continued home exercise program and TENS unit and follow up with the patient's neurosurgeon for worsening of the patient's pain despite conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW-UP VISIT AND TREAT WITH NEUROSURGEON:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The California MTUS indicates that continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician makes note of failure of conservative treatment and an actual worsening of the patient's pain. The opinion of another physician who is familiar with the patient already and practices medicine outside the scope of the primary treating physician is reasonable as a consideration of the use of other therapeutic modalities and is medically appropriate.