

<b>Case Number:</b>	CM14-0028028		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/27/1996
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; electrodiagnostic, apparently notable for an L5-S1 radiculopathy; and transfer of care to and from various providers in various specialties. In a February 19, 2014 Utilization Review Report, the claims administrator approved an epidural steroid injection while partially certifying a request for two office visits as one office visit. No guidelines were cited in the decision to partially certify the office visit. The applicant's attorney subsequently appealed. In a March 31, 2014 progress note, the applicant was described as having persistent complaints of low back pain, highly variable, anywhere from 3-9/10. The applicant was on Neurontin, Naprosyn, Norco, and Soma, it was stated. The applicant was a former smoker, it was stated. It was suggested that the applicant was employed, although this was not clearly stated. In an earlier note of September 4, 2014, the applicant was described as working with the aid of analgesic medications and epidural injections, including Neurontin, Naprosyn, Soma, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visits times 3 for the lumbar spine:** Upheld

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of followup visits should be dictated by an applicant's work status. Less frequent followup visits, per ACOEM, are indicated in applicants who are working. In this case, the applicant is apparently working. The applicant's longstanding chronic pain complaints appear to be stable with the aid of a variety of analgesic and adjuvant medications. Less frequent followup visits are therefore indicated as opposed to the three office visits at an unspecified frequency seemingly being sought here. Therefore, the request is not medically necessary.