

<b>Case Number:</b>	CM14-0037810		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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, has a subspecialty in Anesthesiology 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 injured worker is a 46 year old male who sustained an injury to his low back on 03/08/00. A clinical note dated 06/04/12 reported that the injured worker continued to complain of low back pain with bilateral lower extremity pain, right significantly greater than left. The injured worker attributed 75% of his pain to the low back. It was reported that the injured worker underwent an interlaminar epidural steroid injection at L4-L5 dated 05/10/12 that initially gave him 60% reduction in leg pain which is beginning to wane. The injured worker rated his pain at 5/10 visual analog scale (VAS). Physical examination noted non-antalgic gait; tenderness in the lumbar paraspinal musculature; provocative testing-lumbar facet loading is positive bilaterally. The injured worker was diagnosed with lumbar spondylosis with facet arthrosis at L2-L3 through L5-S1 in to a L5-S1 disc bulge. The injured worker was recommended for bilateral L2-L3, L3-L4, and L4-L5 medial branch blocks followed by possible radiofrequency ablation at these levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Follow-up office visit due to increased pain (diagnosis/body part not specified), as an out-patient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbells Operative Orthopaedics, Ninth Ed., 1998, W.B. Saunders Company.

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

**Decision rationale:** The previous request was denied on the basis that there was no documentation provided by a treating physician of a last office visit, nor are there diagnoses or past medical plan that a follow up is required and therefore, the follow up visit due to increased pain was not deemed as medically appropriate. Given the vagueness of the request and that the documentation does not indicate the nature of the follow up visit, the request is not medically necessary and appropriate.