

<b>Case Number:</b>	CM14-0063166		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on September 9, 2009. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated March 15, 2014, indicates no particular physical complaint. Current medications were stated to include Celexa and trazodone. No focused physical examination was performed. Diagnostic imaging studies of the lumbar spine revealed mild degeneration at L3 - L4 and facet joint hypertrophy at L4 - L5 and L5 - S1. Previous treatment includes bilateral rotator cuff repairs, physical therapy, and a manipulation under anesthesia. A request was made for pharmacological management every 4 to 6 weeks, and was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacological Management every 4-6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated Treatment Disability Guidelines, Low Back-Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Office Visits, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines office visits are based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Closer monitoring may be required for individuals prescribed opioid medications. The injured employee is not stated to be prescribed any opioid medications. A review of the available medical record does not indicate why follow up as frequent as 4 to 6 weeks is required. This request for pharmacological management every 4 to 6 weeks is not medically necessary.