

<b>Case Number:</b>	CM14-0073174		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Surgery, and is licensed to practice in Minnesota. 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 37 year old male injured on 06/11/2009. There is a history of chronic pain syndrome with cervical, thoracic, and lumbar pain and left shoulder numbness. The diagnoses include degenerative disc disease of lumbar spine, facet arthropathy of lumbar spine, left knee arthralgia, and upper extremity complaints, radicular in nature. A progress note dated 5/8/2014 is submitted indicating 70 % relief from an epidural steroid injection. He was taking Norco, 6/day and Temazepam intermittently. Medications provided 80 % relief. The UR certified Pain Management follow-up. The disputed issue pertains to General Orthopedic follow-up. No other history or rationale for the orthopedic follow-up is submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 General Ortho Follow Up: Upheld**

**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 Page(s): 5.

**Decision rationale:** Based upon the few records submitted, this worker has chronic generalized pain. MTUS guidelines recognize chronic pain. Most patients want their chronic pain "cured" or

eliminated. Unfortunately there are presently no definite cures for the majority of persistent pain problems, such as axial spine pain, peripheral neuropathies, fibromyalgia, etc. Chronic pain must be managed, not cured. The worker is being managed with medications and injections for pain control. The medical necessity for orthopedic follow-up is not supported by any previous orthopedic records or imaging studies that necessitates orthopedic care or surgical evaluation above and beyond the current pain management. The request for General Orthopedic follow-up is therefore not medically necessary.