

<b>Case Number:</b>	CM14-0170927		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Practice, and is licensed to practice in Ohio. 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 56-year-old male with a date of injury of April 4, 2014. Evidently, the axle broke of the truck he was driving which resulted in the vehicle being driven into a ditch. Consequently, the injured worker complained of pain in neck, back, shoulders, legs and feet. He was evaluated by the treating physician in this case four days after the accident. The treating provider was concerned for possible symptom magnification because of observed behavior which appeared to show the worker not injured while in the parking lot facility. The physical exam revealed full cervical range of motion. The left shoulder revealed tenderness to palpation with diminished abduction. Subsequent exams revealed diminished cervical range of motion, diminished bilateral shoulder range of motion with impingement signs, tenderness to palpation of the thoracic and lumbar spines, diminished lumbar range of motion, and a positive straight leg raise exam bilateral. The treating provider prescribed topical analgesics. Initial x-rays were said to be negative for fractures. An MRI scan of the cervical spine revealed posterior disc protrusions at C5-C6 and C6-C7 with mild right-sided neural foraminal stenosis at the C6-C7 level. A lumbar spine MRI revealed a grade I spondylolisthesis, a pars defect at L5-S1, facet hypertrophy at L5-S1, severe bilateral neural foraminal narrowing at L4-L5, and moderate bilateral neural foraminal narrowing at L3-L4. At issue is a request for a pain management consultation for the lumbar spine. A utilization review physician denied the request on the basis that an adequate course of conservative treatment had not yet occurred as evidenced by the seeming lack of NSAID treatment and any notes from physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

**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, Office Visits

**Decision rationale:** Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this instance, the treating provider is a general practitioner who has decided to refer to pain management specifically for the lumbar spine issues. The injured worker specifically has evidence of lumbar facet hypertrophy and neural foraminal stenosis. These are issues best addressed by a pain management physician because of the potential to intervene therapeutically with targeted injections. Facet joint injections and epidural steroid injections are beyond the scope of a general practitioner. Consequently, referral to pain management is medically necessary.