

Case Number:	CM14-0195255		
Date Assigned:	12/03/2014	Date of Injury:	08/08/1997
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

This injured worker's date of injury is 08/08/1997. This patient receives treatment for chronic low back pain. This began while on a stepladder and after twisting to hand a co-worker a box of envelopes. The patient received physical therapy. The patient underwent low back surgery after the original injury. Other surgery includes bilateral knee arthroplasty. The treating physician states the patient has facet generated pain, based on the physical exam. The patient was treated on 09/19/2014 with an L4-L5 and L5-S1 right medial branch block. Medications taken include: Norco 5/325 mg, Celebrex 200 mg, and Elavil 50 mg. The treating physician will proceed with left facet MBB at L4-L5 and L5-S1 next.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up pain management visit of the low back in 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Lumbar Spine

Decision rationale: The patient's pain decreased by 75% after the MBB on the right side and the next procedure to be done will be a MBB on the left side. There is no clear documentation why a follow up with pain management is indicated in 6 weeks. That follow up to pain management is not medically indicated.