

Case Number:	CM14-0084459		
Date Assigned:	07/21/2014	Date of Injury:	10/16/2002
Decision Date:	01/31/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Practice 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 10/16/2002. This patient receives treatment for chronic low back pain. Documentation regarding the original injury were not provided. The treating physician's diagnosis is Thoracic/lumbosacral neuritis/radiculitis unspecified. The patient underwent an L4-L5 spinal fusion in 2006. The patient suffered a postoperative infection and needed another surgical procedure in 2006. The patient received facet blocks in the past, which did not help the pain. Medications received include Percocet, Restoril, Norco, tramadol, and terocin patches. A request for a medial facet block has been denied. A lumbar MRI shows postoperative changes, lumbar canal stenosis, and neural foraminal narrowing. This review covers a request for a pain management physician follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management follow up x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The medical records that discuss the request for a follow up with a pain management specialist do not document the exact reason the follow up visit. The documentation does not make clear which physician is refilling the patient's medications. Additionally, the request for a facet block was denied; therefore the reason for the follow up remains undefined. The request for a pain management follow up x 1 is not medically necessary.