

<b>Case Number:</b>	CM15-0000469		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male who suffered a work related injury on 01/28/13. Per the physician notes from 12/15/14 he complains of ongoing low back pain. He noted to have tried physical therapy in the past for pain relief. He is noted to have a slow stooped gait. Extension and lateral bending cause pain. Bilateral tenderness was noted on palpation, tight muscle band and trigger point. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, lumbosacral spondylosis, and post laminectomy syndrome of the lumbar region. Medication includes OxyContin, which he states helps his pain. He is to return in 12 weeks. The Claims Administrator non-certified the follow-up visit as no specific rationale for the follow-up visit was noted. ODG was cited. This non-certified visit was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visit, DOS: 3/9/15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

**Decision rationale:** According to the 12/19/14 Utilization Review letter, the 3/09/15 follow-up visit requested on the 12/15/14 medical report was denied because the patient is not participating in any therapy. The 12/15/14 physiatry report states the patient has 6/10 low back pain and is being managed with medications. He has been prescribed OxyContin. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more] provides the criteria for Visit Frequency and states: There is no set visit frequency. This should be adjusted to the patients need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The request for follow-up in 3 months is in direct accordance with MTUS guidelines. The request for Follow-up visit for DOS 3/09/15 IS medically necessary.