

<b>Case Number:</b>	CM15-0004653		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 52 year male who sustained an industrial injury on May 31, 2006. He has reported back pain, bilateral wrist problems, left knee pain, and neck/shoulder pain and has been diagnosed with lumbar radiculopathy, low back pain, knee pain, and trigger finger. Treatment to date has included medical imaging, back surgery, epidurals, spine stimulator, spinal cord stimulator, shockwave treatment , right wrist carpal tunnel release, and left wrist carpal tunnel release. Currently the injured worker has back pain, bilateral wrist problems, left knee pain, and neck/shoulder pain. The treatment plan included medication management and pain management support. On December 29, 2014 Utilization review non certified pain management follow-up office visit lumbar spine citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability.The patient has ongoing pain complaints involving the wrist, lumbar spine and lower extremities. The need for ongoing pain management has been established in the provided documentation. Therefore the request for pain management follow up visits would be medically warranted and the request is certified.