

<b>Case Number:</b>	CM15-0166108		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, Hawaii

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 38 year old male who sustained an industrial injury on 8-25-10. In a comprehensive physiatry pain management follow-up dated 6-11-15, the physician notes the injured worker is taking medications every alternate day and he reports that the medications do help with his ongoing pain as well as function. Medications are Terocin, Flexeril, Relafen, Norco, and Neurontin. His gait is antalgic. He complained of tightness in his back with the straight leg raise test in the sitting position. He still has radicular complaints down into his right leg. There is lumbosacral paraspinal muscle spasm with a tender area over the lower lumbosacral facet joints. Work status is modified work with restrictions. The impression is low back pain, right leg pain, and lumbosacral radiculopathy. The treatment plan is a transforaminal epidural steroid injection and medications dispensed were; Flexeril, Norco, Neurontin, Relafen, and Terocin Cream. The requested treatment is evaluation and treatment (E/M level of service) for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation & Treatment (E/M level of service) for 6 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The patient presents with pain affecting the low back and right leg. The current request is for Evaluation and Treatment (E/M level of service) for 6 months. The report with this request was not provided for review. The treating physician states in the report dated 9/3/15, He is going to follow up here in the clinic in about four to five weeks period of time. (3D) The MTUS Guidelines state, the physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health. The evaluation and treatment of a patient and providing a narrative report is part of a normal reporting and monitoring duties to manage patient's care. The current request is medically necessary.