

<b>Case Number:</b>	CM15-0167666		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Emergency Medicine

### 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 26 year old female, who sustained an industrial injury on 7-3-13. She reported right hip pain. The injured worker was diagnosed as having lumbar radiculopathy, herniation of multiple discs, and lumbar discogenic pain. Treatment to date has included lumbar epidural steroid injections, physical therapy, chiropractic treatment, acupuncture, and medication. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for a return to clinic on 8-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Return to clinic 8/17/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction.

**Decision rationale:** The requested Return to clinic 8/17/15, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the

diagnosis and decide whether a specialist evaluation is necessary." The injured worker has lumbar spine pain despite multiple conservative treatment modalities. The treating physician has persistent symptomatology to warrant a follow-up office visit. The criteria noted above having been met, return to clinic 8/17/15 is medically necessary.