

<b>Case Number:</b>	CM15-0185442		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 46 year old male injured worker suffered an industrial injury on 3-10-2014. The diagnoses included lumbar sprain-strain, muscle spasm, rule out lumbar disc protrusion and lumbar radiculitis versus radiculopathy. On 8-11-2015, the treating provider reported occasional mild to moderate low back pain, stiffness and cramping. On exam, the lumbar spine range of motion was decreased with +3 tenderness to the lumbar spine and bilateral sacroiliac joints along with positive straight leg raise. The documentation did not include discussion concerning the need for the requested treatment. Prior treatment included lumbar epidural steroid injections 10-7-2014 and physical therapy. Diagnostics included lumbar magnetic resonance imaging 8-15-2015. Request for Authorization date was 7-10-2015. The Utilization Review on 9-4-2015 determined non-certification for Follow up pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127.

**Decision rationale:** The current request is for Follow up pain management. The RFA is dated 07/10/15. Prior treatment included lumbar epidural steroid injection 10-7-2014, pool therapy, medications and physical therapy. The patient is not working. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." According to progress report 08/11/15, the patient presents with occasional mild to moderate low back pain, stiffness and cramping. On exam of the lumbar spine, there was decreased ROM, +3 tenderness in the bilateral sacroiliac joints, and positive straight leg raise. The patient's medications include ibuprofen, Prilosec and Menthoderm. While the treater does not provide an explanation for the requested follow up with the pain management specialist, the patient continues to complain of chronic pain and may benefit from a follow-up visit with the pain management physician. Hence, the request is medically necessary.