

<b>Case Number:</b>	CM15-0195374		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

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 59 year old male who sustained an industrial injury on 09-21-1999. A review of the medical records indicated that the injured worker is undergoing treatment for cervical spondylosis, cervical facet arthropathy, lumbar spondylosis and lumbar disc protrusion. According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience low back pain radiating to the lower extremity, (worse on left), neck and right shoulder pain. Examination demonstrated tenderness in the lower back muscles and increased with posterior extension. There was tenderness over the sciatic notch and ischial tuberosity, worse on the left. The injured worker was able to heel and toe walk. Deep tendon reflexes, motor and sensory examination of the lower extremities were intact. Straight leg raise was equivocal with pain in the lower extremities more so than the back. The neck noted significant tenderness in the left upper area over the lateral pillars about the C2-3 and C3-4 facet joints. Prior treatments have included diagnostic testing, cervical intra-articular injections in 03-2015, lumbar epidural steroid injections and medications. Current medications were listed as Norco, Klonopin, Soma, Terocin cream and Omeprazole. Treatment plan consists of scheduling the authorization lumbar epidural steroid injection, discontinue Soma and add Flexeril, discontinue Terocin cream and add Voltaren gel and the current request for re-evaluation every 90 days for symptoms related to cervical spine and lumbar spine as an outpatient. On 09-22-2015, the Utilization Review determined the request for re-evaluation every 90 days, for symptoms related to cervical and lumbar spine as an outpatient was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation every 90 days, for symptoms related to cervical spine (neck) and lumbar spine (lower back), as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant was on opioids and had chronic pain. The claimant was managed by a pain management specialist. The claimant had numerous interventions in the past for chronic pain. The request for follow-up is appropriate but future and long-term necessity cannot be determined to require indefinite visits every 3 months. The request for, re-evaluation every 90, days is not medically necessary.