

<b>Case Number:</b>	CM15-0198729		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 46 year old male, who sustained an industrial injury on March 10, 2014, incurring low back injuries. He was diagnosed with a lumbar sprain, lumbar degenerative disc disease, and lumbar radiculopathy. Treatment included anti-inflammatory drugs, proton pump inhibitor, topical analgesic creams, aqua therapy, physical therapy, lumbar epidural steroid injection, and activity modifications and restrictions. Currently, the injured worker complained of persistent low back pain radiating into the left hip and down into the feet. He noted limited, painful range of motion upon flexion and extension of the lower back. The injured worker had increased muscle spasms, severe throbbing, stiffness and cramping of the low back. He rated his pain 7 out of 10 on a pain scale from 0 to 10. The injured worker noted decreased strength, impaired gait and balance. The treatment plan that was requested for authorization on October 5, 2015, included a follow-up with pain management. On September 29, 2015, a request for follow-up with pain management was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

**Decision rationale:** The California MTUS and the ACOEM do not directly address the requested service. The ODG states that follow up visits are dictated by medical need as determined by the patient's complaints, ongoing symptoms and response to treatment. This patient has ongoing back pain despite multiple treatment modalities and a follow up visit is medically necessary.