

Case Number:	CM15-0204407		
Date Assigned:	10/21/2015	Date of Injury:	07/08/2012
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York, West Virginia, Pennsylvania
 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 55-year-old female, with a reported date of injury of 07-08-2012. The diagnoses include lumbar spine disc herniation, lumbar radiculopathy, chronic neck pain, chronic thoracic spine pain, left hip degenerative joint disease, cervical myofascial pain, and left hip trochanteric bursitis. The progress report dated 09-29-2015 indicates that the injured worker presented for follow-up of her left-sided groin pain. She reported that her pain level had increased since her last visit. The injured worker said that her pain was worsening with time and her activity level continued to be limited by pain. It was noted that the injured worker last worked on 03-08-2014. The injured worker complained of constant stabbing, and burning pain of the left hip. She rated her pain 10 out of 10. The injured worker also complained of persistent back and bilateral leg symptoms. The progress report dated 10-07-2015 indicates that the injured worker reported that her symptoms of the left side of the neck, mid back, low back, and left hip had become worse since the last visit. She rated her neck pain 5 out of 10; mid back pain 10 out of 10, low back pain 10 out of 10, and left hip pain, rated 10 out of 10. The physical examination (09-29-2015) showed no acute distress, an antalgic gait, tenderness to palpation over the lateral hip and trochanteric bursa, pain with internal and external rotation of the left hip, decreased range of motion of the left hip, positive Gaenslen's, positive SI (sacroiliac) compression, and positive Obers. It was noted that an x-ray of the bilateral hips on 03-11-2014 showed mild to moderate left hip degenerative joint disease; and an MRI of the pelvis and bilateral hips on 08-26-2014 showed mild bilateral hip osteoarthritis with mild bilateral narrowing and tiny osteophytes and right-sided narrowing was slightly more prominent than the left. The objective

findings (09-29-2015) included tenderness to palpation over the left lower lumbar facets and thoracic paraspinal muscles bilaterally; positive thoracic facet loading, decreased cervical, thoracic, and lumbar spine range of motion, tenderness over the left piriformis and positive stretch test, and muscle spasm and right-sided tenderness to palpation over the right trapezius and cervical paraspinal muscles. The diagnostic studies to date have included an MRI of the thoracic spine on 04-24-2015 which showed mild anterior spondylosis with mild scoliosis without spondylolisthesis, compression deformity or significant focal protrusion, canal stenosis or neural foraminal narrowing; and a urine drug test on 04-22-2015 with consistent findings. Treatments and evaluation to date have included Norco, left hip intra-articular joint cortisone on 08-28-2015 (mild relief), Advil, Aleve, Tylenol, Gabapentin (discontinued), Flexeril (discontinued), Lidopro, Capsaicin cream, chiropractic treatment, and physical therapy. The request for authorization was dated 09-09-2015. The treating physician requested one pain management follow-up visit. On 10-13-2015, Utilization Review (UR) non-certified the request for one pain management follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up visit, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, follow up visits have already been certified and there is no medical necessity to warrant additional follow up visits with a pain management specialist at this time. The request for follow up pain management is not medically appropriate or necessary.