

<b>Case Number:</b>	CM15-0214630		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old female who sustained an industrial injury on 9-2-2011 and has been treated for lumbar-sacral radiculopathy, degenerative disc disorder, limb pain, and cervical radiculopathy. On 10-1-2015, the injured worker reported that there had been no changes since her last examination and was stated to "have no other questions or concerns." Objective findings included limited lumbar range of motion, low extremity weakness with decreased sensation, and she walked with a limp. The cervical spine showed moderate decrease in range of motion and there was tenderness noted over the paraspinous muscles with muscle spasm. Pain was stated to be "chronic and intractable." Previous treatment include TENS unit and medication. The treating physician's plan of care includes a request for three follow up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 follow up visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar And Thoracic: Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The injured worker sustained a work related injury on 9-2-2011. The medical records provided indicate the diagnosis of lumbar-sacral radiculopathy, degenerative disc disorder, limb pain, and cervical radiculopathy. Treatments have included TENS unit and medication. The medical records provided for review do not indicate a medical necessity for 3 follow up visits. The MTUS recommends periodic review of the worker compensation patient, then make decision as to future medical care based on the information from the encounter. Therefore, the request for 3 follow up visits is not medically necessary; the necessity of each subsequent visit should be based on the outcome of a particular encounter. The MTUS states as follows: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities."