

<b>Case Number:</b>	CM15-0046189		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, New York, California  
 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 applicant is a represented 66-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 31, 2011. In a Utilization Review Report dated February 3, 2015, the claims administrator seemingly denied a request for an evaluation while approving a follow-up with the pain management specialist. An RFA form received on January 14, 2015 was referenced in the determination. The claims administrator also retrospectively denied an evaluation reportedly performed on December 12, 2012. The applicant's attorney subsequently appealed. The remainder of the file was surveyed. The majority of the information on the file comprised of historical Utilization Review reports which, taken together, suggested that the applicant was using a variety of analgesic medications for chronic low back pain, including opioids such as Vicodin/Norco. The applicant was given refills of Norco, Ambien, and Naprosyn on June 13, 2012. In an associated progress note of June 13, 2012, the applicant reported ongoing complaints of knee and low back pain, 7/10. The applicant received facet medial branch blocks. The applicant's work status was not furnished. Multiple medications were renewed. The applicant was asked to follow up to assess the long-term effects of epidural steroid injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro evaluation, DOS: 7/24/12:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Yes, the evaluation of July 24, 2012 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant presented with ongoing low back pain complaints and was using a variety of analgesic medications, including Norco, Naprosyn, Ambien, etc. It did not appear that the applicant was working. Follow-up visits, thus, were indicated for a variety of reasons, including for medication management purposes, disability evaluation purposes, etc. Therefore, the request was medically necessary.

**Retro evaluation, DOS: 12/12/12:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Similarly, the evaluation/office visit of December 12, 2012 was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant had longstanding, multifocal pain complaints, including knee pain complaints and low back complaints. The applicant was using a variety of opioid and non-opioid medications, including Norco, Naprosyn, Ambien, etc. The applicant did not appear to have been working on or around the date in question. A follow-up visit or evaluation, thus, was indicated for a variety of purposes, including medication management purposes, disability management purposes, etc. Therefore, the request was medically necessary.