

<b>Case Number:</b>	CM15-0056078		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 73 year old female, who sustained an industrial injury on 10-9-2012. Medical records indicate the worker is undergoing treatment for lumbar radiculitis, lumbar 4-5 fusion in 2010 and lumbar 3-4 stenosis. A recent progress report dated 2-3-2015, reported the injured worker complained of low back pain, rated 0-3 out of 10, with bilateral lower extremity pain rated, 7 out of 10. Physical examination revealed lumbar paraspinal tenderness and pain with lumbar flexion and extension and positive bilateral straight leg raise test. Lumbar myelogram showed lumbar 1-4 central canal stenosis and multilevel foraminal stenosis. Treatment to date has included lumbar fusion in 2010, physical therapy and medication management. The physician is requesting 12 follow up appointments with surgical consultation. On 2-26-2015, the Utilization Review modified the request for 12 follow up appointments with surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 follow up appointments with surgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Office visits.

**Decision rationale:** The injured worker sustained a work related injury on 10-9-2012. The medical records provided indicate the diagnosis of lumbar radiculitis, lumbar 4-5 fusion in 2010 and lumbar 3-4 stenosis. Treatments have included lumbar fusion in 2010, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for 12 follow up appointments with surgical consultation. The MTUS is silent on a set number of office visits, but while encouraging follow up visits, the Official Disability Guidelines states as follows, "As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established." Additionally, the MTUS states, "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." Therefore, it is not medically necessary to recommend a set number of visits; the need for each subsequent visit should depend on the findings and treatments rendered during the ongoing visit.