

<b>Case Number:</b>	CM15-0056586		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/18/1989
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: California

Certification(s)/Specialty: Internal 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 79 year old female who sustained an industrial injury on October 18, 1989. She has reported injury to the left foot and low back and has been diagnosed with lumbar or lumbosacral disc degeneration and thoracic or lumbosacral neuritis or radiculitis not otherwise specified arthrodesis status. Treatment has included medications, spinal surgery, physical therapy, injections, and chiropractic massage. Currently the injured worker had pain in the lumbar region with radiating pain which was sharp and aching in the bilateral legs, left greater than right. The treatment request included 1 additional year of pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued care with pain management provider for 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Office visits.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Medical records document a history of low back complaints. Continued care for one additional year was requested. The total number of office visits requested was not specified. The request does not specify an exact number of office visits or the frequency of office visits. Because the future condition of the patient and treatment regimen are unknowns, a request for continued care for one additional year without specifying the number of office visits or the frequency of office visits is not supported by ODG guidelines. Therefore, the request for continued care is not medically necessary.