

<b>Case Number:</b>	CM15-0080358		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, Indiana, New York  
 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 35 year old female, who sustained an industrial injury on April 23, 2013. She reported falling when trying to get up from her chair, twisting her right knee and ankle and injuring her neck and low back. The injured worker was diagnosed as having lumbar degenerative disc disease with disc-osteophyte complex and herniated nucleus pulposus (HNP) impinging on the left L4 and left L5 nerve roots, lumbar radiculopathy, myospasm and myofascial trigger points, acute left sacroiliitis, depression, fatigue and stress from pain and depression consistent with vitamin B12 deficiency, fibromyalgia, and right ankle pain. Treatment to date has included epidural steroid injections (ESIs), neurodiagnostics, MRIs, physical therapy, cognitive behavioral therapy, and medication. Currently, the injured worker complains of cervical pain, bilateral shoulder pain, left hip pain, right ankle pain, and lower back pain left greater than right. The Treating Physician's report dated March 20, 2015, noted the injured worker's current medications as Tizanidine, Ambien, Xanax, Wellbutrin, Naproxen, Colace, and Hydrocodone. The injured worker was noted to have received greater than 60% relief for over six weeks after a lumbar epidural steroid injection (ESI) on November 20, 2014. Physical examination was noted to show palpable lumbosacral paraspinous muscle spasm with myofascial trigger points on the left with twitch response and referral pattern, and acute pain with palpation over the left sacroiliac joint and painful lumbar spine range of motion (ROM). Straight leg raise was noted to be positive on the left with diminished sensation along the left L4 and L5 distribution. A nerve conduction velocity (NCV) was noted to show chronic bilateral L5 or possibly L4 radiculopathy. The treatment plan was noted to include a L4 and L5 transforaminal epidural steroid injection (ESI), continuation with current medications,

approval for physical therapy, and multiple Physicians follow-ups.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 follow up with a doctor for orthopedic consultation: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, one follow-up orthopedic consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, for certain antibiotics, require close monitoring. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease with disc osteophyte complex and herniated nucleus pulposus impinging on the left L4 and L5 nerve roots; lumbar radiculopathy; myospasm and myofascial trigger points; acute left sacroiliitis; depression; fatigue and stress from pain and depression consistent with B12 deficiency; fibromyalgia; and right ankle pain. The injured worker has been under the care of [REDACTED] (the primary treating orthopedic surgeon). The injured worker has been seen on multiple occasions including November 18, 2014; December 9, 2014; January 6, 2015; January 29, 2015; and, the most recent date, February 3, 2015. The request for authorization indicates a pain management provider ([REDACTED]) requested a follow-up orthopedic consultation. It is unclear why a pain management provider is requesting a follow-up with the orthopedic surgeon who happens to be the primary treating provider for the injured worker. According to the March 20, 2015 progress note of the pain management provider, the injured worker should have "regular follow-up" with [REDACTED]. Determination of necessity for an office visit requires individual case review and reassessment 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. There is no clinical indication for "regular follow-up". The injured worker may require individual case review and reassessment, but open-ended regular follow-up is not clinically indicated. There was no clinical indication or rationale for a follow-up orthopedic evaluation. There was no pending surgical procedure. Consequently, absent clinical documentation from the primary treating provider requesting follow-up orthopedic consultation with evidence of a clinical indication or rationale or anticipated surgery, one follow-up orthopedic consultation is not medically necessary.