

<b>Case Number:</b>	CM15-0088183		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 patient's date of injury is 06/10/11. Patient is status post right L4-5, right L5-S1 epidural steroid injection on 07/16/14. The request is for MMI RE-EVALUATION. Physical examination dated 03/27/15 reveals tenderness to palpation of the lumbar paraspinal muscles at the L4 level with increased muscle tone noted. Neurological examination reveals absent plantar reflex bilaterally, diminished ankle and knee reflexes on the right, and positive straight leg raise on the right side. The patient is currently prescribed Norco, Cyclobenzaprine, and Zoloft. Diagnostic imaging included MRI of the lumbar spine dated 08/31/11, significant findings include: "Disc endplate irregularity and narrowing is present at all levels through the lumbar spine. There is degenerative first-degree anterolisthesis at L5-S1 and marked narrowing at L4-5. At L4-L5, lateral stenosis is present on the left side, affecting the traversing L5 nerve root. Marked facet degenerative change was present on the left."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation every 90 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines follow-up visits Page(s): 8.

**Decision rationale:** The patient presents on 03/27/15 with severe unrated lower back pain which radiates into the right lower extremity, and associated numbness in the right 3rd, 4th, and 5th toes. The patient's date of injury is 06/10/11. Patient is status post right L4-5, right L5-S1 epidural steroid injection on 07/16/14. The request is for RE-EVALUATION EVERY 90 DAYS; MMI RE-EVALUATION. The RFA is dated 03/30/15. Physical examination dated 03/27/15 reveals tenderness to palpation of the lumbar paraspinal muscles at the L4 level with increased muscle tone noted. Neurological examination reveals absent plantar reflex bilaterally, diminished ankle and knee reflexes on the right, and positive straight leg raise on the right side. The patient is currently prescribed Norco, Cyclobenzaprine, and Zolofit. Diagnostic imaging included MRI of the lumbar spine dated 08/31/11, significant findings include: "Disc endplate irregularity and narrowing is present at all levels through the lumbar spine. There is degenerative first-degree anterolisthesis at L5-S1 and marked narrowing at L4-5. At L4-L5, lateral stenosis is present on the left side, affecting the traversing L5 nerve root. Marked facet degenerative change was present on the left." Patient's current work status is not provided. Regarding follow-up visits, MTUS guidelines page 8 has the following: 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. In this case, the treating physician is requesting quarterly follow-up visits to monitor this patient's continuing lower back pain. While the request states that the reason for the follow-up visits is for MMI re-evaluation alone, such evaluations are generally a routine component of a follow-up visit and examination. While MTUS does not provide an exact number of follow up visits to be performed, a request for re-evaluation every 90 days is an appropriate measure. Therefore, the request is medically necessary.

**Maximum Medical Improvement Re-evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Outcomes and Endpoints, MTUS Page(s): 8.

**Decision rationale:** The patient presents on 03/27/15 with severe lower back pain which radiates into the right lower extremity, and associated numbness in the right 3rd, 4th, and 5th toes. The request is for MMI RE-EVALUATION. The RFA is dated 03/30/15. Patient's current work status is not provided. Regarding follow-up visits, MTUS guidelines page 8 has the following: 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. Physical examination dated 03/27/15 reveals tenderness to palpation of the lumbar paraspinal muscles at the L4 level with increased muscle tone noted. Neurological examination reveals absent plantar reflex bilaterally, diminished ankle and knee reflexes on the right, and positive straight leg raise on the right side. Diagnostic imaging included MRI of the lumbar spine dated 08/31/11, significant findings include: "Disc endplate irregularity and narrowing is present at all levels through the lumbar spine. There is degenerative first-degree anterolisthesis at L5-S1 and marked narrowing at L4-5. At L4-L5, lateral stenosis is present on the left side, affecting the traversing L5 nerve root. Marked facet degenerative change was present on the left." The treating physician is requesting a re-evaluation to determine Maximum medical improvement. In this case, such evaluations are generally a routine component of a follow-up visit and examination. While MTUS does not provide an exact number of follow up visits to be performed, a re-evaluation to determine MMI is appropriate. Therefore, the request is medically necessary.