

<b>Case Number:</b>	CM15-0245567		
<b>Date Assigned:</b>	12/28/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2015

### 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: Emergency 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 60 year old male who sustained an industrial injury on 02-19-2014. Medical records indicated the worker was treated for intervertebral disc displacement, lumbar region, carpal tunnel syndrome, right upper limb, and sprain of carpal joint of right wrist. In the provider notes of 10-26-2015, the worker complained of constant severe sharp pain that was aggravated by standing, prolonged sitting, and getting up. The worker also had complaints of occasional severe pain over the right hand that was aggravated by grasping and detained work with the hand. The worker complained of numbness over the hand. The lumbar spine exam showed 1+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-S1 and multifidus. Kemp's test was positive bilaterally, Yeoman's was positive on the left. Braggard's was negative. The right wrist had 1+ spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Bracelet test was positive on the right and Froment's was negative. The treatment plan was for evaluation by pain management for possible bilateral L3-L4 and L4-L5 medial branch blocks. According to the provider notes, the worker has mildly managed his pain with medication (Ibuprofen and Omeprazole). He has had 12 sessions of acupuncture, and had a lumbar branch block procedure on 11-19-2014 with 50 % improvement. He was released to work with restrictions until 12-26-2015. A request for authorization was submitted for: Follow up visit pain management times 6. A utilization review decision 11-23-2015 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Follow up visit pain management times 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested Follow up visit pain management times 6, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states: "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has occasional severe pain over the right hand that was aggravated by grasping and detained work with the hand. The worker complained of numbness over the hand. The lumbar spine exam showed 1+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-S1 and multifidus. Kemp's test was positive bilaterally, Yeoman's was positive on the left. Braggard's was negative. The right wrist had 1+ spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Bracelet test was positive on the right and Froment's was negative. The treating physician has not documented the medical necessity for more than one follow-up visit. The criteria noted above not having been met, follow up visit pain management times 6 is not medically necessary.