

<b>Case Number:</b>	CM14-0181478		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year-old police officer sustained an injury on 5/15/13 while employed by [REDACTED]. Request(s) under consideration include 3 Monthly follow-up visits. Diagnoses include thoracic intervertebral disc displacement without myelopathy; thoracic spine pain; and lumbago. Report of 10/15/14 from the provider noted the patient with ongoing chronic low back and thoracic pain rated at 5-8/10. Conservative care has included medications, physical therapy, T11-12 radiofrequency ablation, Transforaminal T11-12 epidural steroid injection bilaterally, and modified activities/rest. Surgical discectomy and fusion was recommended; however, has been denied. Exam showed positive thoracic facet loading at T11 bilaterally. Treatment plan included trigger point injections with ultrasound guidance to the low back with request for 3 months of follow-up visits. The request(s) for 3 Monthly follow-up visits was modified for one follow-up visit on 10/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Monthly follow - up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC Low Back Procedure Summary last updated 8/22/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have adequately demonstrated continued symptoms and findings to allow for follow-up intervention and care from the provider as indicated to achieve eventual independence from medical utilization and a follow-up visit has been authorized; however, future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome. The 3 Monthly follow-up visits are medically necessary and appropriate.