

<b>Case Number:</b>	CM14-0085876		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 21-year-old male who reported an injury on 04/09/2014. The mechanism of injury was not provided. On 07/01/2014, the injured worker presented with complaints of low back and bilateral buttock pain and complaints of numbness in the right leg and all around the thigh. The diagnosis was lumbar spine sprain without radiculopathy. Upon examination there was limited flexion, tightness in the hamstring, weakness of the EHL and right evertors. There was an antalgic right sided gait and lumbar spasm on the right side. Current medication list was not provided. The provider recommended a pain management evaluation. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Evaluation in house with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES: Physical Examination

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

**Decision rationale:** The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for clinical office visits with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. As injured workers 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 injured worker outcomes are achieved with eventual patient independence from the healthcare system to self-care as soon as clinically feasible. A complete and adequate pain assessment of the injured worker was not provided. The provider's rationale for a pain management evaluation was not provided. There was lack of documentation on how a pain management evaluation would allow the provider to evolve a continuing treatment plan for the injured worker. As such, the request is not medically necessary.