

<b>Case Number:</b>	CM14-0207769		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, has a subspecialty in Pain Medicine 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:

The injured worker is a 59 year-old female with an original date of injury on 12/21/1998. The industrially related diagnoses are probable lumbar spine disc rupture, revision of tibial component in the left knee replacement, status post bilateral hip replacement, status post right total knee arthroplasty revision, status post left total hip arthroplasty revision, status post right knee surgery. A lumbar MRI on 6/6/2014 showed diffuse facet joint degenerative changes without significant discogenic disease. Treatment plan includes recommendations of electromyogram of lower extremity, epidural steroid injection to the lumbar spine, aqua therapy and physical therapy 3 times a week for 6 weeks, electric bed, walking tub, home health for 4 hours per day for 4 days per week, transportation, and follow up with internal medicine, psychology, pain medicine, orthopedics, and pain management with [REDACTED]. An electromyogram on 8/19/2014 showed mild acute L5 radiculopathy. The disputed issue is the request for follow-up with pain management [REDACTED]. A utilization review dated 11/12/2014 has non-certified this request. The stated rationale for denial was the request is made for follow up with [REDACTED] for epidural steroid injection. Despite a recent electromyogram indicating mild L5 radiculopathy, the patient did not show radicular symptom or specific dermatomal distribution supported by correlating imaging findings. The medical necessity of this request is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up with pain management, [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Evaluation and Management (E&M)

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, page 127

**Decision rationale:** A progress note on 9/10/2014 noted intact sensation to light touches to left thigh, lateral calf, and lateral ankle sensations to light touch. On the same date, the follow up with [REDACTED] was ordered. However, there is no documentation of why follow up is needed with this particular pain specialist, as the patient has been followed by a different pain management physician on 6/25/2015. In addition, there is no documentation of specific request for treatment that requires the follow up with a pain management specialist. In light of the above issues, the currently requested follow up with Pain Management is not medically necessary.