

<b>Case Number:</b>	CM15-0100219		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 10/05/09. Initial complaints and diagnoses are not available. Treatments to date include medications, 2 bilateral lumbar epidural steroid injections, and 2 facet injections. Diagnostic studies are not addressed. Current complaints include mild to moderate improvement from the lumbar epidural steroid injection on 04/28/15. Current diagnoses include lumbar spine facet syndrome. In a progress note dated 05/07/15 the treating provider reports the plan of care as continue home exercise program, "continue pain meds", and follow up with spine surgeon. The requested treatments include "pain meds" and follow up with spine surgeon. No specific information is provided about the pain medications requested or the need for follow-up with spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue pain meds (name of meds not given): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 6-7.

**Decision rationale:** The claimant sustained a work injury in October 2009. When seen, there had been mild to moderate improvement after a second lumbar epidural injection. Physical examination findings included mild lumbar paraspinal muscle tenderness. There was a diagnosis of lumbosacral facet syndrome. Recommendations included continuation of pain medications and follow-up with his spine surgeon. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual medications being prescribed are not specified and therefore, as this request was submitted, were not medically necessary.

**Follow up with spine surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, p127.

**Decision rationale:** The claimant sustained a work injury in October 2009. When seen, there had been mild to moderate improvement after a second lumbar epidural injection. Physical examination findings included mild lumbar paraspinal muscle tenderness. There was a diagnosis of lumbosacral facet syndrome. Recommendations included continuation of pain medications and follow-up with his spine surgeon. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain without identified new injury or apparent change in either symptoms or physical examination findings. The reason for the consultations is not described. Therefore, the requested follow up is not medically necessary.