MAXIMUS Federal Services

Case Number:	CM15-0119377		
Date Assigned:	06/29/2015	Date of Injury:	08/30/2013
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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 40 year old male, who sustained an industrial injury on 08/03/2013. He has reported injury to the mid and low back. The diagnoses have included thoracic myofascial strain; cervical myofascial strain; left rhomboid strain; thoracic herniated nucleus pulposus; thoracic radiculopathy; and lumbar strain. Treatment to date has included medications, diagnostics, ice, heat, acupuncture, chiropractic therapy, injections, and physical therapy. Medications have included Norco, Flexeril, Naproxen, Ibuprofen, Prilosec, and LidoPro topical cream. A progress note from the treating physician, dated 05/06/2015, documented a follow-up visit with the injured worker. The injured worker reported constant aching pain in his mid back; intermittent cramping pain to the left side of his back; he notes stiffness to his back; occasional spasms in his mid back with increased activity; his symptoms remain persistent and unchanged; he recently started foam rolling, and is having increased pain and is shaking due to this; he is not currently working; he has had good relief with prior physical therapy sessions; acupuncture had provided no relief; his pain is currently rated at 5/10 on the pain scale; and pain is rated 4.5/10 on the pain scale with medication, and rated 7/10 without medications. Objective findings included tenderness to palpation of the thoracic spine; decreased range of motion to the thoracic and lumbar spines; and decreased sensation over the left L3 dermatome and about the left T6-T8 dermatomes. The treatment plan has included the request for ongoing pain management follow-ups within MPN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing pain management follow-ups within MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 306, 127, 286, 306.

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

Decision rationale: The claimant sustained a work injury in August 2013 and continued to be treated for thoracic and lumbar spine pain with left sided radicular symptoms. The claimant has not returned to work. He was having included medications, physical therapy, chiropractic care, acupuncture, trigger point injections, and epidural injections and additional injections have been recommended. Medications have included Norco, which is not currently being prescribed. When seen, there was decreased spinal range of motion with tenderness. Diagnostic epidural injections were requested. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, the claimant continues to be treated for pain and has not returned to work despite numerous treatments. Further interventional care is being requested. However, the number of visits being requested is not specified. Indefinite follow-up with pain management is not medically necessary.