

<b>Case Number:</b>	CM15-0177005		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/10/1997
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 4-10-97. The injured worker was diagnosed as having chronic low back pain with radiculopathy; lumbar spine failed back surgery syndrome; lumbar spine degenerative disc disease. Treatment to date has included physical therapy; injections to the lumbar spine; status post Spinal Cord Stimulator implant (no report - no date of implant); medications. Currently, the PR-2 notes dated 7-14-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of "complete right-sided body pain. The patient cannot tolerate lying on back. Patient reports decreased activity of life due to spinal cord stimulator no working." The provider documents "decreased range of motion at lumbar spine. Objective findings: gait: ambulates with cane. The treatment plan includes a request for the injured worker to return in one month; prescription for Norco and to resend request for spinal cord stimulator generator replacement. Multiple hand written PR-2 notes for different dates of service have been submitted and all equally difficult to decipher. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-13-15 and non-certification was for 3 Follow up Visits with a pain management specialist. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines stating "Given the patient remained symptomatic and was taking medications requiring close monitoring, follow-up consultation is reasonable. However, clear rationale for 3 follow-up visits was not supported by the submitted reports for review." The provider is requesting authorization of 3 Follow up Visits with a pain management specialist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Follow up Visits with a pain management specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Office visits.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Summary.

**Decision rationale:** The MTUS/ACOEM Guidelines comments on the management of patients with low back pain. Regarding the issue of follow-up, these guidelines state the following: "Patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full-work activities. Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." Referral to specialists for care is also based on the presence of red flag signs/symptoms, which may suggest a serious underlying condition or documented evidence of a change in the patient's status, for example, a change in the nature of symptoms or physical examination findings. In this case, the medical records do not provide sufficient documentation on the presence of any of the above-cited red flag signs or symptoms and do not provide any evidence for a change in the nature of symptoms or physical examination findings. There is no rationale provided to indicate the need for 3 follow-up visits. For these reasons, 3 follow-up visits with a pain management specialist is not considered as medically necessary. In the Utilization Review process, it was felt that given the lack of documentation, one follow-up visit was appropriate. This action is consistent with the above-cited guidelines. Additional visits will be dependent on sufficient documentation as noted above.