

Case Number:	CM15-0043777		
Date Assigned:	03/13/2015	Date of Injury:	07/30/2007
Decision Date:	06/25/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on July 30, 2007. He reported the injury occurred when lifting a heavy object. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, myalgia and myositis not otherwise specified osteoarthritis, lumbosacral spondylosis without myelopathy, cervical disc degeneration, limb pain, and sleep disturbance. Treatment to date has included epidural steroid injection (ESI) and medication. Currently, the injured worker complains of diffuse neck pain, low back, and right lower extremity pain. The Treating Physician's report dated February 20, 2015, noted the injured worker reported his pain was appreciably lessened by his current treatment regimen, with the ability to achieve a higher degree of daily function. The current medications were listed as Norco, Cyclobenzaprine, Gabapentin, Omeprazole, Hydroxyzine, and Nortriptyline HCL. Physical examination was noted to show a mildly antalgic gait, with palpation revealing prominent areas of tenderness in the region concordant with the injured worker's described areas of pain, with deep palpitation resulted in distal radiation of the pain, and globally and regionally reduced range of motion (ROM). Muscle strength was noted to be reduced in the plantar flexor muscles, with soft tissue dysfunction and spasm in the suprascapular, lumbar paraspinal, and gluteal region. The treatment plan was noted to include prescriptions for the injured worker's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with Pain Management x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The requesting provider does not document anything that indicates there is need for follow up with pain management. The request for follow up visits with Pain Management x 3 is not medically necessary.