

<b>Case Number:</b>	CM15-0098260		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: North Carolina

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, with a reported date of injury of 12/10/2010. The diagnoses include cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulge, lumbar radiculopathy, and chronic pain syndrome. Treatments to date have included psychological treatment, pain management, and oral medications. The progress report dated 04/22/2015 indicates that the injured worker had numbness and tingling in the feet and hands, loss of bowel control, loss of bladder control, neck pain, upper back pain, and lower back pain. The physical examination showed light touch sensation diminished at the right lateral shoulder, right thumb tip, right long finger, and right small fingertip. The treating physician requested follow-up visit with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit with pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG chapter on follow up evaluation is based on medical necessity as dictated by response to therapy and the presence of ongoing complaints/symptoms. The patient has ongoing pain and therefore follow up evaluation with pain management would be medically warranted and the request is medically necessary.