

<b>Case Number:</b>	CM14-0140547		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50 year-old with a date of injury of 10/22/01. A progress report associated with the request for services, dated 07/14/14, identified subjective complaints of low back pain into both legs. Objective findings included decreased and painful range of motion of the cervical and lumbar spines. Diagnoses included (paraphrased) cervical and lumbar facet syndrome; lumbar spinal stenosis; sciatica; spondylolisthesis of the lumbar spine. Treatment had included chiropractic therapy. A Utilization Review determination was rendered on 07/31/14 recommending non-certification of "1 Physical Medicine and Rehab Consultation and Treatment".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Physical Medicine and Rehab Consultation and Treatment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS & TREATMENT Page(s): 11. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, OFFICE VISITS

**Decision rationale:** The Official Disability Guidelines (ODG) state that: "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." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. In this case, the non-certification was a modification to a consultation as the type of treatment was not specified and might only be determined after consultation. Therefore, the record does not document the medical necessity for a consultation with treatment.