

<b>Case Number:</b>	CM14-0140640		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/08/2014
<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 Orthopedic Surgery and is licensed to practice in California. 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:

The claimant is a 44-year-old gentleman who was injured in a work related accident on June 7, 2011. The clinical records provided for review documented chronic complaints of pain in the low back and that conservative treatment has included epidural injections, medication management, physical therapy and acupuncture. The report of a lumbar magnetic resonance imaging (MRI) scan in 2011 showed disc bulging at L4-5 with no evidence of stenosis or compressive pathology. The claimant was not authorized to undergo a lumbar fusion in early 2014 by Utilization Review . The claimant continues to be treated conservatively with medications. The June 26, 2014 progress report documents the claimant was sleeping better and feeling "fine". There were no objective findings in regards to the claimant's lumbar condition noted. Recommendations at that time were for continuation of medication management to include Omeprazole, Naprosyn, Tramadol, Quetiapine. There was also a request for monthly medication management appointments times three for further clinical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management monthly times 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 and 14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine: (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, monthly consultation for medication management times three would not be indicated. The medical records document that the claimant has chronic low back complaints for which he is being treated with medication management. There is no documentation to support why at this stage 3+ years following the time of injury with no acute findings on physical examination or imaging, monthly assessment would be necessary. The specific request for monthly assessment times three for medication management purposes would not be supported.