

<b>Case Number:</b>	CM14-0145825		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Spine Surgery, and is licensed to practice in Texas. 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 injured worker is 47-year-old male who reported an injury on 07/27/2012. He sustained an injury while picking up a double oven. The injured worker complained of lower back pain. The diagnoses included lumbar spinal stenosis; chronic pain due to trauma; facet arthralgia; lumbar disc degenerative disease; radiculopathy, thoracic or lumbosacral; and failed back syndrome. The MRI dated 08/17/2012 of the lumbar spine revealed mild facet hypertrophy at the L2 through the L4-5, and modic type 2 endplate signal change seen peripherally left greater than right at the L5-S1 with loss of disc height. The diagnostics included an x-ray of the lower lumbar spine dated 09/09/2013 that revealed anterior fusion at the L5-S1 that was stable. The medications included Prilosec 30 mg, ibuprofen 800 mg, Soma 350 mg, and Robaxin 750 mg. The past treatments included acupuncture, physical therapy, ice, heat, massage, chiropractic therapy, medication, and epidural steroid injections. The physical examination dated 09/19/2014 to the lumbar spine revealed moderate to severe pain with touch at the L5 level. The straight leg raise was positive on the right and an antalgic gait was noted. The injured worker was positive for numbness and extremity joint pain and muscle weakness. Past surgeries included a spinal fusion. The injured worker rated his pain a 5/10 with medications and a 7/10 without medications using the VAS. The treatment plan included an office visit. The Request for Authorization dated 10/23/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for dates of service 7/28/2014: One (1) Office visit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** The request for retrospective for dates of service 07/28/2014: One (1) office visit is not medically necessary. The California MTUS Guidelines indicate that chronic pain medical treatment guidelines apply when the patient has chronic pain as determined by following the clinical topics section of the Medical Treatment Utilization Schedule (MTUS). In following the clinical topics section, the physician begins with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. If the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options, the chronic pain medical treatment guidelines apply. This provides a framework to manage all chronic pain conditions, even when the injury is not addressed in the clinical topics section of the MTUS. The documentation provided did not indicate why the injured worker needed the additional office visit. The injured worker received an injection that assisted with the decrease in pain along with the medication. As such, the request is not medically necessary.