

Case Number:	CM13-0012377		
Date Assigned:	01/15/2014	Date of Injury:	02/09/1998
Decision Date:	03/20/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 55 year-old male with a date of injury of 02/09/1998. The listed diagnoses per [REDACTED] are: 1) Cervical spine disk bulges with radiculopathy, 2) Thoracic spine strain, 3) Failed lumbar spine surgery, 4) Status post right knee surgery, 5) Status post left knee surgery, 6) Status post lumbar spine surgery, 7) Right knee internal derangement. According to a report dated 04/15/2013 by [REDACTED], the patient presents with chronic low back, neck, upper back, and bilateral knee pain. Pain in the neck was described as radiating to both shoulders. Numbness and tingling was noted to the neck, bilateral shoulders, and low back to bilateral feet. Patient also states he feels worse overall due to stomach discomfort. It was noted the patient received his first cervical epidural injection which reduced pain by 51%. Objective findings include positive foraminal compression bilaterally indicating symptomatic narrowing of the intervertebral foramina. Shoulder depressor test was positive bilaterally indicating nerve root inflammation. Kemp's test was positive bilaterally indicating lumbar facet irritation. Straight leg raise test was positive bilaterally indicating either disk involvement or sciatic neuritis. +3 tenderness was noted in the bilaterally knees. Patient was noted to use single-pointed cane and a low back brace. Lumbar CT dated 01/11/2008 reveals laminectomy defect at L4-L5. MRI of the right knee dated 09/21/2012 reveals medial collateral ligament tear. Cervical spine MRI dated 12/02/2011 reveals C6-C7 3-mm posterior central left and right posterolateral encroachment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127

Decision rationale: ACOEM Guidelines state a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, the treater is not generating the request. The treater's rationale is that this was requested "per attorney." The patient needs to be managed by the physician. The physician should monitor the patient and determine treatments according to the MTUS Chronic Pain Guidelines. The issues raised by the attorney can be adequately addressed by any physician, including the current treating physician by obtaining labs, appropriate history and reviewing the medications. The request is not medically necessary and appropriate.

Psychiatric consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Given the patient's complexity in clinical problems, obtaining a psyche evaluation at this time is reasonable. The request is medically necessary and appropriate.

Pain medicine consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. This patient has chronic pain. If the current treater feels uncomfortable managing chronic pain, referral to a pain management specialist is appropriate. Given the patient's complexity in clinical problems, obtaining a specialty evaluation is reasonable. The request is medically necessary and appropriate.

Orthopedic consult with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Given the patient's complexity in clinical problems and complaints, obtaining a specialty evaluation is reasonable. The request is medically necessary and appropriate.

Orthopedic consult with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Given the patient's complaints and continued pain, and the patient's trepidations about surgery, obtaining a second opinion specialty ortho consult is reasonable. The request is medically necessary and appropriate.

General surgeon consult with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treater has already asked for a general surgeon consult with [REDACTED] for hiatal hernia which deals with abdominal wall problem. The medical records provided for review do not explain why another general surgeon's opinion is needed. The request is not medically necessary and appropriate.

General surgeon consult with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A report dated 02/01/2013 states the patient has a small hiatal hernia. For possible surgery, a consult with a general surgeon may be appropriate at this time. The request is medically necessary and appropriate.

Urology consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Medical records dating from 2010 to 2013 discuss the patient's complaints of incontinence and erectile dysfunction. Obtaining a specialty evaluation at this juncture is reasonable. The request is medically necessary and appropriate.

Dental consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: ACOEM Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. While a report dated 05/10/13 discusses the patient's dental issues that supposedly arose from medication issue, the current treater does not provide ongoing evaluation of the patient's dental issues. The request is not medically necessary and appropriate.