

<b>Case Number:</b>	CM13-0033979		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 26-year-old female who reported an injury on 04/29/2013 due to a motor vehicle accident that caused injury to her neck, low back and left shoulder. The patient was initially treated with medications and physical therapy. The patient underwent an MRI of the left knee that revealed a normal study. The patient's most recent clinical examination findings revealed neck pain, low back pain and bilateral knee pain complaints rated from a 2/10 to 4/10. The patient's physical findings included a positive Patrick-Faber's test for the low back, positive Lachman's test for the right knee and medial joint line tenderness. The patient's diagnoses included lumbar facet syndrome, coccygodynia and internal derangement of the bilateral knees. The patient's treatment plan included a pain management consultation and an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, last updated on 06/07/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic low back pain. The American College of Occupational and Environmental Medicine recommends imaging studies for lumbar pain that has radicular components that are not responsive to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to a course of physical therapy; however, the clinical documentation submitted for review does not provide any evidence of neurological dysfunction that would benefit from an imaging study, such as an MRI. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

**Pain Management Consultation with [REDACTED] for Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, last updated on 06/07/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 163.

**Decision rationale:** The requested pain management consultation with [REDACTED] for the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had continuous pain complaints involving multiple body parts that have failed to respond to physical therapy. The American College of Occupational and Environmental Medicine recommends specialty consultation when additional expertise would benefit the patient's treatment plan. However, the clinical documentation submitted for review does not provide any evidence of any type of medications or interventions that would need additional supervision that could not be provided by the prescribing physician. The clinical documentation submitted for review does not clearly identify how the additional expertise of a pain management consultation would benefit the patient's treatment plan. As such, the requested pain management consultation with [REDACTED] for the cervical spine is not medically necessary or appropriate.

**Pain Management Consultation with [REDACTED] for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, last updated on 06/07/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 163.

**Decision rationale:** The requested pain management consultation with [REDACTED] for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had continuous pain complaints involving multiple body parts that have failed to respond to physical therapy. The American College of Occupational and Environmental Medicine recommends specialty consultation when additional expertise would benefit the patient's treatment plan. However, the clinical

documentation submitted for review does not provide any evidence of any type of medications or interventions that would need additional supervision that could not be provided by the prescribing physician. The clinical documentation submitted for review does not clearly identify how the additional expertise of a pain management consultation would benefit the patient's treatment plan. As such, the requested pain management consultation with [REDACTED] for the lumbar spine is not medically necessary or appropriate.

**Orthopedic Consultation with [REDACTED] for bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, last updated on 06/07/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

**Decision rationale:** The requested orthopedic consultation with [REDACTED] for the bilateral knees is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical consultations for activity limitations of greater than 1 month that have failed to progress through an exercise program. The clinical documentation submitted for review does provide evidence that the patient has previously participated in physical therapy. However, the clinical documentation submitted for review does not provide any documentation of significant activity limitations related to the patient's pain. Additionally, the patient underwent an MRI of the left knee that revealed no abnormalities. Therefore, surgical considerations for this patient were not clearly indicated. As such, the requested orthopedic consultation with [REDACTED] for the bilateral knees is not medically necessary or appropriate.