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| Case Number: | CM13-0053425 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/21/2010 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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, 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 48-year-old male with date of injury on 10/21/2010. A progress report dated 11/14/2013 by [REDACTED] indicates that the patient's diagnoses include positive diagnostic SI joint injection, left SI joint pain, myofascial pain, lumbar facet joint pain at L3-S1, lumbar facet joint arthropathy, central disk bulge at L4-L5 and L5-S1, mild to moderate bilateral L4 neuroforaminal stenosis, lumbar sprain/strain, right knee internal derangement and status post right knee surgery. The patient continues with persistent low back pain and right knee pain. The physical exam findings included tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3 through S1 facet joints. The lumbar and knee ranges of motion were restricted by pain in all directions. There is positive right knee clicking. It was noted that the patient had right knee surgery in February 2011 and right knee surgery for recurrent meniscal tear in January 2012. The review of systems indicated that there were no psychological complaints; however, on the subjective complaints, the patient reported increased anxiety and irritability. An appeal was made due to denial of 30-day trial of TENS unit for the right knee, psychiatric consult for the right knee and lumbar spine chronic pain, and right knee brace, which was denied by utilization review dated 11/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

psychiatric consult for right knee and lumbar spine chronic pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127 and the Official Disability Guidelines (ODG), Cognitive Behavioral Therapy

Decision rationale: The patient continues with chronic pain in the lumbar spine and right knee. The patient is also reporting increased anxiety and irritability. ACOEM Guidelines page 127 states that, "The occupational 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." The California MTUS page 23 regarding behavioral intervention states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The request for psychiatric evaluation with treatment appears to be reasonable in this case and supported by the guidelines noted above. Therefore, authorization is recommended.

right knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Braces

Decision rationale: The patient continues with significant right knee pain. The patient is status post multiple surgeries to the right knee, most recent in 2012, with recurrent meniscus repair. The ACOEM Guidelines page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. It further states that, usually, a brace is necessary only if the patient is going to be stressing the knee and under load, such as climbing ladders or carrying boxes. The ODG Guidelines also discuss recommendations for knee bracing under the criteria for the use of knee braces. One of the conditions that are supported is meniscal cartilage repair, which this patient has had. The treating physician specifically indicates that the brace was needed for improved stability while weight bearing and walking. This request appears to be reasonable and supported by the guidelines noted above. Therefore, authorization is recommended.