MAXIMUS Federal Services

Case Number:	CM13-0069498		
Date Assigned:	01/17/2014	Date of Injury:	07/06/2000
Decision Date:	05/29/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 a 55 year old male with reported injury on 07/16/2000. The mechanism of injury was reportedly from running up four flights of stairs during a fire alarm. The documented medication regimen for the injured worker included Hydrocodone, Cyclobenzaprine, Diclofenac sodium and Pantoprazole sodium ER. The injured workers diagnoses included post-surgical repair of meniscus tear right knee x3, degenerative arthritis right and left knee. The clinical documents provided list history of x-rays to shoulders, wrists, hip, cervical spine and lumbar spine, as well as x-ray of right and left knees, these x-rays were not provided for review at this time. Although the orthopedic progress notes dated 06/24/2013 documented the x-rays were within normal limits, the cervical and lumbar spine did show disc degeneration as well as the knee x-rays visualized arthritic degeneration. The documentation provided states that the injured worker has gone through physical therapy; there is no physical therapy progress notes provided. The request for authorization for Evaluation and Treatment by a Pain Management Specialist, Evaluation and Treatment by a Psychologist/Psychiatrist, and Evaluation and Treatment by an Internal Medicine Specialist was submitted on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION AND TREATMENT BY A PAIN MANAGEMENT SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6 Independent Medical Examinations And Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The request for Evaluation and Treatment by a Pain Management Specialist is not medically necessary. According to CA MTUS guidelines recommend consideration of a consultations with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opiods in 3 months. The current medical necessity for further pain management is not clearly documented. The frequency, severity and location of the pain has not been clearly documented. Although the injured worker does take morphine, according to the clinical documentation provided he only took the morphine when the pain was 9/10. There is a lack of documentation as to frequency of pain at 9/10. The pain that the injured worker has experienced was documented over time as "unchanged". Although the injured worker was approved for this request in July, he did not wish to follow through at that time. At time of this request there was a lack of documentation of increased pain or decreased functional ability. Additionally, it is unclear as to what treatment is being requested. Therefore, the request for Evaluation and Treatment by a Pain Management Specialist is not medically necessary and appropriate.

EVALUATION AND TREATMENT BY A PSYCHOLOGIST/PSYCHIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 6 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATION Page(s): 100.

Decision rationale: The request for Evaluation and Treatment by a Psychologist/Psychiatrist is not medically necessary. According to the CA MTUS guidelines when there is a referral for psychological evaluation, the referral should include a specific clinical rationale. The documentation should demonstrate a high risk for psychological concerns to include substance abuse, past psychological history, not progressing as anticipated or lack of objective clinical evidence that supports the individual's symptoms. According to the orthopedic report dated 05/08/2013 the injured worker stated he was "doing better" with decreased pain and stiffness. The frequency, severity and location of the pain have not been clearly document. The pain that the injured worker has experienced was documented over time as "unchanged". Although the injured worker was approved for this request in July, he did not wish to follow through at that time. At time of this request there was a lack of documentation of increased pain or decreased functional ability. Additionally, it is unclear as to what treatment is being requested. Therefore, the request Evaluation and Treatment by a Psychologist/Psychiatrist is not medically necessary and appropriate.

EVALUATION AND TREATMENT BY AN INTERNAL MEDICINE SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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), Chapter 7 on Independent Medical Examinations and Consultations, (page 127).

Decision rationale: The request for Evaluation and Treatment by an Internal Medicine Specialist is medically necessary. According to the ACOEM guidelines a consultation is to aid in the diagnoses, prognosis and therapeutic management of the injured worker. The clinical documentation provided does not clearly document the need for evaluation and treatment by an internal medicine specialist. According to the orthopedic report dated 05/08/2013 the injured worker stated he was "doing better" with decreased pain and stiffness. The frequency, severity and location of the pain have not been clearly documented. The pain that the injured worker has experienced was documented over time as "unchanged". Although the injured worker was approved for this request in July, he did not wish to follow through at that time. At time of this request there was a lack of documentation of increased pain or decrease in functional ability. Additionally, it is unclear as to what treatment is being requested. Therefore, the request for Evaluation and Treatment by an Internal Medicine Specialist is not medically necessary and appropriate.