

Case Number:	CM13-0071358		
Date Assigned:	01/08/2014	Date of Injury:	11/11/2010
Decision Date:	08/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 Pain Medicine, has a subspecialty in Pain Medicine 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 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:

This is a 48-year-old male who sustained a remote industrial injury on 11/11/10 diagnosed with status post bilateral knee scope, left knee osteoarthritis, right lower extremity radiculitis, lumbar spine stenosis, and sleep difficulties. Mechanism of injury for this date of injury is not specified. The request for Pain Management Consultation was non-certified at utilization review due to the lack of legible subjective findings, objective findings, and red flags signaling significant deterioration of the patient's symptoms that could support the request for a referral. The most recent progress note provided is 10/10/13. This progress report is handwritten and barely legible. It appears the patient complains primarily of pain and buckling of the left knee, low back pain, and difficulty sleeping. Patient reports 60% improvement in his knee pain after completing 3 synvisc injections. Physical exam findings appear to reveal tenderness to palpation of bilateral knees; slightly decreased range of motion of the left knee; and tenderness to palpation of the lumbar spine. Current medications include: Norco and Naproxen. A Request for Authorization form, dated 11/26/13, addresses the issue of insufficient information provided for the previous reviewer. This report highlights the patient's complaints as involving lower back pain that radiates to bilateral legs. The physical exam findings are summarized as revealing tenderness to palpation with muscle spasm over the lumbar paraspinal musculature; positive straight leg raising test on the right; limited range of motion of the lumbar spine; and decreased sensation involving the right L5 and S1 dermatomes. It is also noted in this report that the patient has had considerable conservative care and more invasive forms of treatment are necessary. The treating physician reasons that the patient's radicular complaints, physical exam findings, and the MRI results cause a pain management consultation to be necessary for possible lumbar epidural steroid injections. Provided documents include previous progress reports, several requests for

authorizations, requests for additional legible documentation, an Agreed Medical Evaluation dated 11/22/13, an MR Arthrogram of the left knee dated 04/29/14, a Utilization Review dated 04/22/14 that certifies an MR Arthrogram of the left knee, and another Utilization Review dated 12/06/13 that certifies an ultrasound guided cortisone injection for the right shoulder. The patient's previous treatments include synvisc injections, arthroscopic left knee surgery, lumbar facet blocks, facet radiofrequency rhizotomy, physical therapy, and medications. Imaging studies are not provided but an MRI of the lumbar spine, performed in January 2012, is referenced as revealing disc space narrowing and mild degenerative facet changes at the L5-S1 level. This MRI also reveals a disc bulge with mild spinal canal stenosis and moderate to severe bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: Regarding specialist consultations, ACOEM guidelines highlight 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." In this case, the previous reviewer notes that the progress report dated 11/22/13 provided illegible subjective complaints, objective findings, or any red flags to support the need for a pain management consult. However, provided documents now provide a thorough Request for Authorization form dated 11/26/13 that provides legible documentation concerning the patient's radicular complaints, physical exam findings, and MRI results that support radiculopathy. Further, the treating physician delineates a possible treatment plan that may involve lumbar epidural steroid injections for which a pain management physician would perform. As it is now legibly clear that the patient's treatment plan may benefit from the additional expertise of a pain management physician, medical necessity is established and certification of pain management consultation is recommended.