

Case Number:	CM14-0057386		
Date Assigned:	07/09/2014	Date of Injury:	03/08/2013
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in Neuromuscular 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:

The patient is a 52 year old with a work injury dated 3/8/13. The diagnoses include right knee chondromalacia/valgus deformity and possible right leg radiculopathy. There is a 6/6/14 AME that states that he patient has completed a pain diagram indicating pain mainly across the lower back, more to the right than the left, traveling down the right leg as far as the calf with an associated painful right knee. Numbness is present in the toes of each foot. There is no indication of a problem at either ankle. The patient has had a prior injury involving her low back. She states that her initial injury of April 12, 2012 involving the left ankle severe sprain. The ankle sprain is healing. A second injury occurred as a result of a slip-and-fall accident involving the right knee on March 8, 2013. Both the lower back and the right knee are symptomatic now. On exam, the range of motion of the lumbar spine is limited in all directions. Stretch tests are positive in the right leg confirming nerve entrapment/impingement in the lower back with pain in the lower back as well as the right knee. The femoral Stretch Test is normal, indicating no tension on the femoral nerve. The Patrick Faberge's Test reveals normal sacroiliac joints, indicating absence of sacroiliac strain. Tenderness is present across the midline of the lumbar spine with tight, guarded muscles mainly in the right side of the midline of the lumbar spine. The patient is only able to perform a quarter squat and does not wish to hop on the right leg. On the examining couch, she demonstrates a full active range of motion in extension of the right knee in sitting which would mean an absence of extensor lag at the right leg, at least 3.5 out of 5 strength of the muscles of the right anterior thigh in order to elevate the leg against gravity. The patient's right knee is stable to clinical testing. The neurological examination is normal. The reflexes are brisk, symmetrical, and equal at the knees and ankles. The patient is able to stand and walk a few steps on heel and toe which together with symmetrical strength of great toe extension indicates normal

strength of the muscles below the level of the knee. The patient has the anticipated normal strength of hip, thigh, and buttock muscles. The patient has normal feeling in all areas of the lower extremities. A June 6, 2014 X-rays, three views of the lumbar spine, reveal a straight spine in the lateral view indicative of muscle spasms. Diminished L5-S1 inter vertebral disc space with a mild backward slip of the fifth lumbar vertebra would indicate traumatic degenerative changes at this level with a degree of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to PM for back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: Referral to PM (pain management) for the back is medically necessary per the MTUS Guidelines. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not indicate that the patient has recently seen a pain management specialist. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and breakthrough pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. Documentation reveals the patient has lumbar radicular pain and recent x-rays reveal some traumatic degenerative changes at L5-S1 with a degree of instability. The request for referral to PM for the back is medically necessary.