

Case Number:	CM14-0120866		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2013
Decision Date:	02/06/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 56-year-old male with a 9/27/13 date of injury. The injury occurred as a result of a motor vehicle accident, which resulted in right knee and back injuries. According to a progress report dated 6/19/14, the patient was status post right knee arthroscopic partial meniscectomy, chondroplasty on 2/1/2014. He complained of pain at the right knee with discomfort and weakness. He denied numbness or tingling in the affected extremities. The provider has requested a referral to a pain specialist for further pain management and treatment for his lumbar spine discomfort and pain. Objective findings: limping antalgic gait, right knee slightly swollen with mild effusion, tenderness to palpation at the inferolateral patella on the right, otherwise stable right knee, significant muscle spasm and tenderness of middle and low back, decreased range of motion with pain. Diagnostic impression: sprain/strain of knee and leg, lumbar sprain, lumbar disc disorder, nerve neuralgia, medial meniscal knee tear, lumbosacral sprain, lumbago. Treatment to date: medication management, activity modification, physical therapy, and surgery. A UR decision dated 6/26/14 denied the request for pain management and treatment for the lumbar spine. There is a lack of clinical documentation in regards to treatment modalities that have been done for the low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management and treatment (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156; Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

Decision rationale: CA MTUS states that consultations are recommended, and a 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 the present case, it is noted that this patient presented with significant muscle spasm and tenderness of middle and low back, as well as decreased lumbar range of motion with pain. Although a consultation with a pain management specialist may be appropriate, this is also a request for treatment. The medical necessity for treatment cannot be established prior to the initial evaluation with the specialist to determine the patient's treatment plan. In addition, the type of treatment requested has not been indicated. Therefore, the request for Pain Management and Treatment (lumbar spine) was not medically necessary.