

Case Number:	CM14-0186914		
Date Assigned:	11/14/2014	Date of Injury:	02/21/2012
Decision Date:	03/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

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 34-year-old female machine operator who on 2/21/12 slipped on loose plastic parts suffering a hyperextension injury to her left knee followed by pain and swelling. X-rays of the knee were reported as negative for fracture and the worker was treated conservatively with an ice pack, Tylenol, a knee brace, cane, restricted duty and physical therapy. Subsequently, the worker reported right knee pain and low back pain, which she attributed to an abnormal gait secondary to her left knee pain. She had weekly or biweekly follow-up in 2012-13 with multiple physical therapy and chiropractic sessions. By 19 September 2013 she had completed 25 sessions of acupuncture and was seen by psychiatry for depression and anxiety. On 2/25/13 the worker underwent a left knee arthroscopy for a medial meniscal tear. The claimant has had a workup including an EMG of the lower extremities, which was interpreted as revealing an acute Left L4-5 radiculopathy, and an MRI of the lumbar spine revealed no disc bulges and bilateral lower lumbar facet arthrosis. Treatment has included physical therapy and acupuncture treatments as well as medication and restricted duty. The worker has had persistent lower lumbar pain with left sacroiliac joint pain and occasional left lumbar radiculopathy symptoms. X-rays of the lumbar spine did reveal arthritis of the left sacroiliac joint. On 11/3/14 she received a synvisc injection into the left knee. A request for a left sacroiliac joint injection was denied. The treating physician is requesting approval for an Orthopedic consultation/evaluation for lumbar spine and sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation / evaluation and treatment for lumbar spine and sacroiliac joint:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 pg127 - independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 79; 312-313.

Decision rationale: According to CA MTUS ACOEM Guidelines, Chapter 12: Low back complaints. 312-313, consultation and evaluation if the worker is not improving is recommended. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. While the MRI of the lumbar spine strongly suggests she is not a surgical candidate, especially in light of her history of poor improvement with her knee operation, then it is possible a judicious consult can remove doubt that surgery is an option. In this injured worker's case, the worker has been treated conservatively for a prolonged period of time with physical therapy, acupuncture, activity restrictions, and medications. The claimant had a positive EMG in March 2013 for acute Left L4-5 radiculopathy although an MRI of the lumbar spine revealed no bulging discs but did reveal multi-level facet arthrosis. In view of the worker's continued symptoms and inability to return to her regular duty activities, the request for orthopedic consultation/evaluation for lumbar spine and sacroiliac joint is therefore medically necessary according to the CA MTUS ACOEM guidelines.