

Case Number:	CM14-0190750		
Date Assigned:	11/24/2014	Date of Injury:	05/11/1998
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 Medicine, Acupuncture 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 69 year old male who sustained a worked related injury on May 11, 1998 while working as a cement finisher. He slipped and fell onto his knees on a wet cement floor landing on his back and right knee. The injured worker reported back pain and knee pain. Initial treatment included diagnostic testing, pain management and a right total knee replacement in 2011. X-rays of the lumbar spine dated April 22, 2011 showed multilevel spondylosis and osteophytes. X-rays of the right knee dated April 22, 2011 revealed an intact total knee replacement. A progress report dated May 16, 2014 notes that he injured worker complained of intermittent low back pain on both sides and bilateral knee pain. Medications included Norco and Soma. Physical examination of the thoracic and lumbar spine revealed a normal thoracic and lumbar curve, no specific tenderness and no radicular symptoms or weakness. Bilateral knee examination revealed no specific swelling or effusion. The right knee showed general muscle weakness due to pain. Quadriceps maneuvers of the right leg demonstrated decreased strength and flexion motion was limited. A sensory and motor examination of the extremities was grossly normal bilaterally. Work status is permanently partially impaired and he is to limit stooping, bending and squatting as well as lifting over 25 pounds. Recent documentation dated October 21, 2014 noted the injured worker had chronic back pain. However, no objective findings were noted. Diagnoses included contusion of the knee, contusion of the back, thoracic and lumbar neuritis and radiculitis, unspecified and effusion of the lower leg joint. The treating physician dispensed Norco for pain. The treating physician requested a referral to a general surgeon for pain management between October 24, 2014 and January 3, 2015. Utilization Review evaluated and denied the request on November 7, 2014. MTUS Guidelines do not make recommendations regarding a referral to a pain management specialist. The Chronic Pain Disorder Medical Treatment Guidelines of Colorado state that a consultation to a pain specialist should be

considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. The documentation presented does not indicate pain levels, frequency or timing of continued pain. There is no indication of activities of daily living or functional capabilities. Therefore, a referral to a general surgeon for pain medication is not reasonable or medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Referral to General Surgeon [REDACTED] for Pain Medication between 10/24/2014 and 1/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the general surgery consult will address beyond noting that pain medications may be involved. There is no indication that a general surgeon's expertise would be specifically relevant. The request is not medically necessary.