

Case Number:	CM14-0193508		
Date Assigned:	11/26/2014	Date of Injury:	07/19/2013
Decision Date:	02/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional Spine 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 29 year old male with an injury date of 07/19/13. The progress reports are not very legible. Per physician's progress report dated 10/17/14, the patient complains of pain in the thoracic and lumbar spine rated at 2/10 without medications and 2-3/10 with medications. The pain also radiates to bilateral shoulders, knees, ankles, feet and heels. The upper and lower extremity pain is well-controlled with medications and is rated at 2/10 without medications. Activities of daily living and repetitive use worsen the pain. Physical examination of the thoracic spine reveals tenderness to palpation in the paraspinals bilaterally. Physical examination of the lumbar spine reveals tenderness and spasms in paraspinals and quadratus muscles bilaterally. As per progress report dated 09/15/14, the patient had thoracic and lumbar spinal pain of 2/10 with medications and 5/10 without medications. The upper and lower extremity pain was rated at 3/10 with medications and 6-7/10 without them. Physical examination of the shoulders, as per this report, revealed tenderness in bilateral upper trapezius with impingement. As per Initial Comprehensive Pain Management Consultation dated 06/17/14, the patient is experiencing numbness, tingling, muscle weakness and spasm in the lower extremities. Heel and Toe walking and Squat and Arise maneuvers were painful. Pelvic tilt test and Patrick's test are positive. Medications, as per progress report dated 10/17/14, include Cyclobenzaprine, Naproxen, Omeprazole and Lunesta. The patient has also received physical therapy, acupuncture, and shockwave therapy for shoulders and back, as per Utilization Review Denial Letter. The patient has been allowed to return to modified work, as per progress report dated 10/17/14. MRI of the Lumbar Spine, 10/29/13, as per Initial Comprehensive Pain Management Consultation dated 06/17/14:- Congenital stenosis of the thecal sac- 1- 2 mm posterior disc bulge at L4-L5- Mild bilateral neural foraminal narrowing with bilateral exiting nerve root compromise secondary to

2-3 mm posterior disc bulge at L5-S1 MRI of the Cervical Spine, 02/12/14, as per the Utilization Review Denial Letter:- Central disc protrusions at C4-C5, C5-C6, and C6-C7- Posterior annular tear/fissure and spinal canal narrowing at C5-6 X-ray of the Lumbar Spine, 07/24/13, as per Initial Comprehensive Pain Management Consultation dated 06/17/14: Round amorphous laminated scar tissue calcification overlying the right muscle of unknown etiology. Diagnoses, 10/17/14:- Thoracic spine sprain / strain- Lumbar spine disc protrusion with neural foraminal narrowing- Bilateral shoulder tendinitis- Bilateral knee internal derangement- Bilateral ankle/feet/heel tenosynovitis- Insomnia- Hypertension. The treater is requesting for (a) CONSULTATION WITH ORTHOPEDIC SURGEON (b) CONSULTATION WITH INTERNAL MEDICINE SPECIALIST (c) CONSULTATION WITH PAIN MANAGEMENT SPECIALIST (d) CONSULTATION WITH PODIATRIST. The utilization review determination being challenged is dated 10/27/14. The rationale follows:

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in the thoracic and lumbar spine, rated at 2/10 with medications and 2-3/10 without medications, along with pain in bilateral shoulders, knees, ankles, feet and heels, as per progress report dated 10/17/14. The request is for consultation with orthopedic surgeon. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. As thought there is a request for consultation with an orthopedic surgeon in progress report dated 10/17/14, the physician (a family physician) does not provide an explanation for it. However, it is clear from the review of the available progress reports that the patient has been working with this physician since at least 04/17/14 and has trialed several types of conservative treatments. The pain, nonetheless, continues to affect him. The patient may, therefore, benefit from consultation with a specialist. This request is medically necessary.

Consultation with internal medicine specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in the thoracic and lumbar spine, rated at 2/10 with medications and 2-3/10 without medications, along with pain in bilateral shoulders, knees, ankles, feet and heels, as per progress report dated 10/17/14. The request is for consultation with an internal medicine specialist. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient has been diagnosed with hypertension and insomnia. He is taking Lunesta to manage the lack of sleep but the progress reports do not discuss the treatment that the patient is receiving for hypertension. It is, however, reasonable to assume that the family physician is providing some medications for the patient's high blood pressure. Nonetheless, the latest reading, as per progress report dated 10/17/14, remains at 142/90. Since the current strategies are not helping control the blood pressure, the patient may benefit from consultation with a specialist. This request is medically necessary.

Consultation with pain management specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in the thoracic and lumbar spine, rated at 2/10 with medications and 2-3/10 without medications, along with pain in bilateral shoulders, knees, ankles, feet and heels, as per progress report dated 10/17/14. The request is for consultation with a pain management specialist. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state 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. A referral may be for consultation to aid in the diagnosis,

prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient has been diagnosed with hypertension and insomnia. He is taking Lunesta to manage the lack of sleep but the progress reports do not discuss the treatment that the patient is receiving for hypertension. It is, however, reasonable to assume that the family physician is providing some medications for the patient's high blood pressure. Nonetheless, the latest reading, as per progress report dated 10/17/14, remains at 142/90. Since the current strategies are not helping control the blood pressure, the patient may benefit from consultation with a specialist. This request is medically necessary.

Consultation with podiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in the thoracic and lumbar spine, rated at 2/10 with medications and 2-3/10 without medications, along with pain in bilateral shoulders, knees, ankles, feet and heels, as per progress report dated 10/17/14. The request is for consultation with podiatrist. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. As per the available progress reports, the patient suffers from pain in heel and feet. In fact, he has been diagnosed with Ankle/foot/heel tenosynovitis. The physician does not explain the reason for this request. However, given the persistent pain in the patient's ankles, feet and heels, this request seems reasonable and is medically necessary.