

Case Number:	CM14-0202932		
Date Assigned:	12/30/2014	Date of Injury:	02/10/2006
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 50-year-old female with a date of injury of 02/10/2006. According to progress report dated 10/22/2014, the patient presents with ongoing low back pain with stiffness and weakness of the bilateral knees. Examination findings note that the patient utilizes a cane for ambulation. The patient has stiffness and tenderness of the lower lumbar spine. Range of motion is decreased on all planes and there is a positive straight leg test bilaterally. Range of motion of the right knee is from 0 to 90 degrees and 0 to 100 degrees on the left knee. There is cracking and crepitation of the left knee. The listed diagnoses are: 1. Lumbar strain. 2. History of stress. 3. Recent heart attack. 4. Osteoarthritis of the left knee. 5. Status post right knee replacement with residuals. Recommendation was for patient to undergo pain management consultation due to patient's chronic pain and consultation with a spine surgeon. The patient is temporarily totally disabled. The utilization review denied the request on 11/26/2014. The medical file provided for review includes progress reports dating from 11/06/2013 through 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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) chapter 7, page 127, Pain Consultation.

Decision rationale: This patient presents with chronic low back pain with stiffness and weakness in the bilateral knees. The current request is for pain management consultation. Utilization review denied the request stating that "Recently submitted report does not discuss any pain whatsoever within the back. She has reported stiffness and was found to have reduced range of motion with a positive straight leg raise test; however, there is no further discussion of the patient being in pain." 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 a long history of opiate use and continues with chronic low back pain. A pain management consultation for further evaluation is within ACOEM Guidelines. The requested pain management consultation is medically necessary.

Spine Surgeon Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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) chapter 7, page 127, surgeon's consultation.

Decision rationale: This patient presents with chronic low back pain and stiffness and weakness in the bilateral knees. The current request is for a spine surgeon's consultation. Utilization review denied the request stating that there is lack of demonstrated subjective and objective findings in regards to pain management and the patient complains of only back stiffness. 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. Given the patient's chronic low back pain, a referral for spine surgeon consultation is within ACOEM Guidelines. This request is medically necessary.

