

Case Number:	CM15-0130387		
Date Assigned:	07/16/2015	Date of Injury:	10/11/2012
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male who sustained an industrial injury on October 11, 2012. He has reported lumbar spine pain and right knee pain and has been diagnosed with lumbar annular tear, lumbar disc displacement, lumbar disc protrusion, lumbar facet hypertrophy, lumbar sprain strain, lumbar stenosis, right knee pain, rule out right knee internal derangement, status post-surgery right knee, and enthesopathy of knee unspecified. Treatment has included medications. The injured worker reports lumbar pain 7 out of 10. Right knee was rated a 6 out of 10. There was decreased range of motion of the lumbar spine. There was tenderness to palpation of the L5-S1 spinous processes. Straight leg raise caused pain bilaterally. Kemp's caused pain. Right knee range of motion was decreased with flexion. There was tenderness to palpation of the anterior knee. McMurray's caused pain. The treatment request included 1 pain management specialist evaluation treatment for management of the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Specialist Evaluation/Treatment, for management for Lumbar Spine as outpatient: 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) Work Loss Date, www.odg-twc.com; section: low Back & Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 114-116.

Decision rationale: The cited guidelines support referral to pain consultation when conservative treatment has not been successful, there is no planned surgical intervention pending and the patient is experiencing worsening of pain symptoms that is impacting functional capacity. ACOEM, Chapter 6, page 114 states, in pertinent part: "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability. The guidelines also state that physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) specific clinical findings suggest undetected clinical pathology. 2) Appropriate active physical therapy does not appear to be improving function as expected. 3) The patient experiences increased pain, or at the very least, pain does not decrease come over time. Considering the provided records and cited guidelines, referral for pain medicine consultation is clinically appropriate.