

Case Number:	CM15-0145508		
Date Assigned:	08/07/2015	Date of Injury:	05/11/2009
Decision Date:	09/14/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an industrial injury on 05-11-2009. Mechanism of injury was not found in documents presented for review. Diagnoses include cervical disc disorder, lumbalgia, sciatica, lumbar intervertebral disc displacement without myelopathy, internal derangement of the left knee, and carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises, and acupuncture. She is temporarily totally disabled. On 04-17-2015 a Magnetic Resonance Imaging of the cervical spine showed an anterior fusion at C3-C4; disc protrusion at C3-C4, and at C4-C5 there is disc protrusion and central protrusion; at C5-C6 there is disc desiccation and central protrusion, and at C6-C7 there is disc desiccation with disc protrusion. The patient has had MRI of the lumbar spine revealed disc protrusions. A physician progress note dated 07-06-2015 documents the injured worker has pain in the right anterior shoulder, left anterior arm, left anterior elbow, left anterior forearm, left anterior wrist, left anterior hand, left posterior arm, left posterior shoulder, left posterior elbow, left posterior forearm, left posterior wrist, left posterior hand, left lumbar, right lumbar, right sacroiliac, sacral, right buttock, right posterior leg, right calf, right ankle, right foot, right hip, right anterior leg, right shin, right pelvic, left cervical, right cervical, and left cervical dorsal pain. She rates her pain as 5 out of 10. Her pain at its best is 4 out of 10 and at its worst, it is 7 out of 10. She has numbness and tingling of the left anterior hand, and posterior hand about 50% of the time. She has insomnia. She feels better with pain medications and home exercise. On examination, she has palpable tenderness at the cervical, left cervical dorsal, right cervical dorsal, upper thoracic, left and right wrist, lumbar, left sacroiliac,

right sacroiliac, sacral, left buttock, right buttock, right posterior leg, left posterior leg and left anterior knee. There is a positive Spurling on the right. Left and right wrist range of motion is restricted and there is Tinel's on the right. Lumbar range of motion is restricted with a positive straight leg raise on the right. There is a positive McMurray's on the left, and left knee range of motion is restricted. There is tenderness of the left medial joint line with crepitus and edema. The treatment plan includes continuation of home exercises, acupuncture to the cervical and lumbar spine, and prescriptions for topical medications, Cyclobenzaprine, and Meloxicam. Treatment requested is for follow up visit with pain management, as an outpatient. The medication list includes Cyclobenzaprine and Meloxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with pain management, as an 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), section: neck and upper back (acute and chronic), low back-lumbar & thoracic (acute and chronic), knee and leg (acute and chronic).

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, Independent Medical Evaluations and Consultations.

Decision rationale: Per the cited guidelines, 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. The injured worker was diagnosed as having a cervical multi-level degenerative disc disease with cervical disc bulge and status post anterior cervical discectomy and fusion. Diagnoses include cervical disc disorder, lumbalgia, sciatica, lumbar intervertebral disc displacement without myelopathy, internal derangement of the left knee, and carpal tunnel syndrome. On 04-17-2015 a Magnetic Resonance Imaging of the cervical spine showed an anterior fusion at C3-C4; disc protrusion at C3-C4, and at C4-C5 there is disc protrusion and central protrusion; at C5-C6 there is disc desiccation and central protrusion, and at C6-C7 there is disc desiccation with disc protrusion. The patient has had MRI of the lumbar spine revealed disc protrusions. A physician progress note dated 07-06-2015 documents the injured worker has pain in multiple body parts at 5 out of 10. Her pain at its best is 4 out of 10 and at its worst it is 7 out of 10. She has numbness and tingling of the left anterior hand, and posterior hand about 50% of the time. She has insomnia. On examination she has palpable tenderness, positive Spurling on the right. Left and right wrist range of motion is restricted and there is Tinel's on the right. Lumbar range of motion is restricted with a positive straight leg raise on the right. There is a positive McMurray's on the left, and left knee range of motion is restricted. This is a complex case as the patient has significant objective findings with abnormal imaging reports and is already being treated with first line oral medications and conservative treatment. A referral to a Follow up visit with pain management, as an outpatient is deemed medically appropriate and necessary.

