

Case Number:	CM15-0145864		
Date Assigned:	08/06/2015	Date of Injury:	01/03/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male who sustained an industrial injury on 1-3-15. The mechanism of injury was a 20-foot fall. In a follow up report dated 6-23-15, the primary treating physician notes the injured worker reports no change in his lower back, knees and ankles. He continues to have headaches 3-4 times per week. Diagnoses are lower back pain, status post fall from height, with L4-L5 disc extrusion of 5.5 mm and L5-S1 of 6mm, with mild to moderate left lateral recess narrowing at L4-L5 and L5-S1, and moderate right foraminal narrowing at L4-L5, bilateral knee patellofemoral pain, and left posterior ankle pain. Medications are Ibuprofen and cholesterol pills. Low back pain is rated at 6-8 out of 10. Bilateral knee pain is 6 out of 10. Left ankle pain is 4 out of 10. Headaches last all day unless he takes Ibuprofen. He has difficulty with some activities of daily living such as bending over to tie shoelaces, lawn work, sweeping, and climbing stairs. Straight leg raise is negative. McMurray's is negative. There is tenderness of the left ankle anterior to the achilles and posterior to the ankle joint line. Work status is noted as modified duty. Previous treatment noted includes lumbar and left knee MRI's-June 2015, has completed 5 of 12 physical therapy sessions to date, and bilateral Don Joy lateral J braces, which added stability to knees and helped alleviate knee pain. The treatment plan is, based on the findings of the large disc herniations and stenosis, for a pain management consultation for possible epidurals to help reduce his painful symptoms. The requested treatment is a pain management consultation.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Second Edition (2004) Chapter 7 Independent Medical Examination and Consultations, page 127.

Decision rationale: The patient was injured on 01/03/15 and presents with pain in his lower back, knees, and ankles. The request is for a PAIN MANAGEMENT CONSULTATION. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is on modified work duty with "no standing more than 30 minutes per hour, no repetitive bending or squatting, and no lifting, pushing or pulling more than 30 pounds." ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provides monitoring of the patient's progress and makes appropriate recommendations. The patient has pain with lumbar spine range of motion and there is tenderness on the left just anterior to the Achilles and at the posterior ankle joint line. He is diagnosed with lower back pain, bilateral knee patellofemoral pain, and left posterior ankle pain. As of 06/23/15, the patient is taking Ibuprofen and Cholesterol pills. Given that the patient continues to have pain in his lower back, knees, and ankles, a pain management consultation appears reasonable. Therefore, the request IS medically necessary.