

Case Number:	CM15-0162380		
Date Assigned:	08/28/2015	Date of Injury:	01/30/2004
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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 61 year old female who sustained an injury on 1-30-04. The medical examination on 4-2-15 indicates diagnoses are discogenic lumbar condition with EMG abnormalities showing chronic L5 radiculopathy and MRI showed disc disease at L3-L4 with foraminal narrowing and degenerative changes at L2-L3 and L4-L5. Status post inject by [REDACTED] in December in 2013; status post injection at L5-S1 and S1-S2 to the left in the fall of 2014 and she states that she had dramatic recovery of the pain and is being observed by [REDACTED]. Internal derangement of the knee on the left; status post previous arthroscopy and loss of motion and meniscal wear by recent MRI; left ankle sprain status post Achilles tendon reattachment (2-9-15), removal of exostosis and removal of Haglund prominence; left hip joint arthritis status post total hip replacement; chronic pain syndrome associated with this and lack of activity. Objective finds reveal tenderness along the Achilles tendon insertion is significant; and the wound is healing well along the Achilles tendon. The treatment plan included medications Naproxen 550 mg, Tramadol ER 150 mg; Protonix 20 mg; Lunesta 2 mg and Effexor slow Release 75 mg. The IW had [REDACTED] perform L5-S1 and S1-S2 transforaminal epidural injection on the left in October 2014 and the medical records indicate she had appointment to see him again in April 2015. At this examination she was experiencing quite a bit of pain and was using an ankle scooter and is unable to bear any weight. She has home help for six hours a day at night to assist her. She was using the four lead TENS unit with garment with relief along her ankle and will continue to do so; continue to use the ankle scooter; start partial and get full weight bearing at three months from her surgery. Current requested treatments referral to [REDACTED] MD and referral to [REDACTED] DPM DC. Utilization review 8-14-15 referral to [REDACTED] was modified to certification for referral to pain management and partial certification of referral to a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 07/17/2015; ODG-TWC Ankle & Foot Procedure Summary Online Version last updated 03/26/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: The patient presents with low back, left hip, left knee, and left ankle pain. The request is for Referral. The request for authorization is not provided. The patient is status post excision of left calcaneal tuberosity prominence, resection of the Achilles tendon, 02/09/15. Physical examination reveals tenderness along the Achilles tendon insertion is significant. Tenderness along the lumbar spine is noted. Tenderness along the knee and the groin on the left is noted. The wound is healing well along the Achilles tendon. The Achilles tendon seems to be still attached to the tuberosity. Patient's medications include Celebrex, Naproxen, Protonix, AcipHex, Norflex, Effexor, Trazodone, and Tramadol. Per progress report dated 06/16/15, the patient can do sedentary type of work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per UR letter dated 08/14/15, request is for Referral to [REDACTED] MD. ACOEM guidelines generally allow and support specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic low back pain and narcotics medication, a Referral to pain management with [REDACTED] may contribute to improved management of symptoms. Therefore, the request is medically necessary.

Referral: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary Online Version last updated 07/17/2015; ODG-TWC Ankle & Foot Procedure Summary Online Version last updated 03/26/2015.

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