

Case Number:	CM15-0169073		
Date Assigned:	09/09/2015	Date of Injury:	05/13/2012
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina

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 50-year-old male, who sustained an industrial injury on 5-13-2012. He reported injury to the right knee after feeling a pop while running. He further reported developing exacerbation of a low back injury secondary to altered gait. Diagnoses include meniscus tear of right knee status post arthroscopy, disc displacement with radiculitis, disorder of muscle, ligament, and fascia, and chronic pain syndrome. Treatments to date include activity modification, medication therapy, physical therapy, massage therapy, and joint injections. Currently, he complained of low back pain with radiation down the right lower extremity and hand pain. On 1-19-15, the physical examination documented tenderness to the right knee. The lumbar spine demonstrated painful and restrictive range of motion and positive facet loading test bilaterally. The appeal requested authorization of an outpatient evaluation and management consultation and treatment with a neurosurgeon. The Utilization Review dated 8-14-15, denied the request stating that the documentation submitted did not include relevant medical and nonmedical issues or diagnoses that supported medical necessity per the ACOEM guidelines Chapter 5 and per the California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical Consultation and Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of back pain that have failed treatment by the primary treating physician. Therefore, criteria for a neurosurgical consult have been met and the request is medically necessary.