

Case Number:	CM15-0191728		
Date Assigned:	10/05/2015	Date of Injury:	11/24/2008
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/29/2015

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 58 year old female with an industrial injury dated 11-24-2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain, depression with anxiety, lumbar strain, presence of artificial knee joint and strain of hip and thigh. In a progress report dated 09-11-2015, documentation noted that the injured worker remains profoundly depressed and that she sobs and cries during much of the interview. According to the progress note dated 09-16-2015, the injured worker presented for reevaluation of the back, bilateral leg and knee pain. The injured worker was noted to be very depressed. The injured worker reported that she was no longer driving due to traffic anxiety. The injured worker reported that she is not participating in family functions and that she is tired. Objective findings (09-16-2015) revealed generalized tenderness and swelling in the left knee, and limited knee range of motion with decreased bilateral strength. There were no abnormal physical examination findings concerning the spine noted on exam. Treatment has included cognitive behavioral therapy and periodic follow up visits. The patient had behavioral consultation note dated 7/17/15 revealed major depressive disorder, sleep disorder, and anxiety. The patient's surgical history include knee arthroscopy in 2009, TKR in 2010, gastric bypass surgery in 2007. The medication list includes Soma, Lyrica, Xanax, Trazodone, Citalopram and Tylenol. The patient has had MRI of the cervical spine on 12/18/12 that revealed disc protrusions, and degenerative changes

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to specialist-Physiatrist for treatment for submitted diagnosis of lumbar strain:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical examination and Consultation, page 127.

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, IME and consultations.

Decision rationale: Referral to specialist-Physiatrist for treatment for submitted diagnosis of lumbar strain. 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. A recent detailed physical examination of the lumbar spine was not specified in the records provided. Significant functional deficits of the lumbar spine that would require a referral to specialist-Physiatrist for treatment was not specified in the records provided. A plan or course of care that may benefit from the Referral to specialist-Physiatrist for treatment for lumbar strain was not specified in the records provided. A detailed rationale for the referral to specialist-Physiatrist for lumbar strain was not specified in the records provided. The medical necessity of the request for Referral to specialist-Physiatrist for treatment for submitted diagnosis of lumbar strain is not fully established for this patient, therefore is not medically necessary.