

Case Number:	CM15-0199502		
Date Assigned:	10/14/2015	Date of Injury:	06/09/2010
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency Medicine

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 60 year old male who sustained an industrial injury on 6-9-10. Documentation provided is exceedingly poor. There is very little detail as to objective measures concerning pain and function. There is a lack of information concerning plan and there are multiple progress notes that are not legible due to poor handwriting. A review of the medical records indicates the worker is being treated for chronic low back pain syndrome, lumbar radiculopathy, status post surgery left knee (2011), right knee sprain-strain and right knee dysfunction with full thickness chondral defect. Subjective complaints (8-19-15) include bilateral knee pain, aches, pops, locks and gives way and (8-18-15) complaints includes lumbar spine pain. Objective findings (8-19-15) include left and right knee decreased and painful range of motion, tenderness to palpation and (8-18-15) includes tender lumbar paraspinals. MR arthrogram of the right knee is reported to show an oblique tear posterior horn of the medial meniscus extending to the inferior articular surface. Treatment has included lumbar epidural steroid injection (7-7-15), right knee injection (8-19-15), medication, home exercise program, and psychiatric treatment. A request for authorization is dated 9-16-15. A utilization review dated 9-25-15, non-certified a second functional capacity evaluation and pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. Provider's poor documentation fails to provide any information to support need for FRP. There is no rationale for FRP request documented anywhere despite multiple failed and rejected FRP requested. Poor documentation fails to meet even one criteria for FRP. The request is not medically necessary.

Pain management evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for chronic pain management. Patient has reportedly received some spinal injection in past but nothing is documented about it. There is not rationale documented for this consultation. It is unclear if patient has seen a pain specialist in the past as there are no progress notes or consult notes provided. Exceedingly poor documentation fails to support need for pain management. Consultation to a pain management specialist is not medically necessary.