

Case Number:	CM15-0204973		
Date Assigned:	10/21/2015	Date of Injury:	11/29/2011
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old male, who sustained an industrial injury on November 29, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar spine degenerative disc disease, bilateral knee osteoarthritis and anxiety-stress. Treatment to date has included diagnostic studies, injection, chiropractic treatment, left knee scope 10-09-2014, right knee scope 01-20-2014, physical therapy and medication. On May 29, 2015, the injured worker complained of bilateral knee pain, popping and locking. He also reported anxiety. His judgment and affect were noted as "good." The treatment plan included continuation of pain management, joint specialist and consultation with psychiatrist. In progress report dated August 21, 2015, objective findings were noted to be unchanged. Notes under subjective complaints indicated that the injured worker sees a pain management physician and the Gabapentin and Butrans patches were denied. The treatment plan included referral to new pain management specialist, referral back to psychiatrist for evaluation and medications. On October 16, 2015, the injured worker complained of low back pain with bilateral buttock pain. He was noted to be pending Synvisc injection by another treating physician. Physical examination revealed tenderness of the bilateral sciatic notch. Range of motion was noted to be painful. The treatment plan included continuation of treatment with another treating physician and pain management referral. Some of the handwritten treatment plan remained illegible. On September 24, 2015, utilization review denied a request for pain management referral and referral to a psychiatrist for evaluation and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral (new): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 - Independent Medical Examinations and Consultations.

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

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. The request is not medically necessary.

Referral to a psychiatrist for evaluation and medication: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

Decision rationale: Per p398 of the ACOEM guidelines: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities." Evaluation with a psychiatrist is indicated. The request is medically necessary.