

<b>Case Number:</b>	CM15-0024486		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old male, who sustained an industrial injury on April 9, 2010. The injured worker had reported neck, back and right knee pain. The diagnoses have included a cervical disc protrusion, cervical radiculopathy, cervical spine status post-surgery times two, lumbar disc protrusion, lumbar radiculopathy and right knee chondromalacia patella. Treatment to date has included medication management, topical analgesics, MRI of the right knee, right knee arthroscopy, lumbar spine x-ray and a home exercise program. Current documentation dated October 28, 2014 notes that the injured worker complained of constant neck pain radiating to the bilateral upper extremities. Associated symptoms included numbness and tingling. The pain was rated a eight out of ten on the Visual Analogue Scale. He also reported low back pain radiating to the bilateral lower extremities rated an eight out of ten and right knee pain rated a seven out of ten on the Visual Analogue Scale. Physical examination of the cervical spine revealed spasms bilaterally and a decreased range of motion. Spurling's test was negative. Examination of the lumbar spine revealed tenderness to palpation with palpable spasms and a decreased range of motion. Examination of the knee also revealed a decreased range of motion. On January 22, 2015 Utilization Review non-certified a request for an evaluation with an internal medicine specialist for evaluation of a possible hernia. The MTUS, ACOEM Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of an evaluation with an internal medicine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with Internal Medicine Specialist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for constant radiating neck pain. The request is for evaluation of a possible hernia. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing radicular symptoms despite extensive conservative treatments. Therefore, this request was medically necessary.