

Case Number:	CM15-0216628		
Date Assigned:	11/06/2015	Date of Injury:	11/04/2013
Decision Date:	12/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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: 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 57 year old male who sustained an industrial injury on 11-4-13. Medical records indicate that the injured worker has been treated for cervical sprain-strain; lumbar radiculopathy; right and left knee internal derangement; right knee sprain-strain. He currently (9-16-15) complains of cervical pain with numbness and tingling and a pain level of 7 out of 10; throbbing, stabbing low back pain with numbness and tingling radiating to bilateral lower extremities and a pain level of 9 out of 10; right knee pain with numbness, tingling and weakness radiating to the right foot and with a pain level of 8-9 out of 10; left knee pain with numbness, tingling and weakness radiating to the left foot and a pain level of 8-9 out of 10. Physical exam of the cervical spine revealed tenderness to palpation of bilateral trapezial and cervical paravertebral muscles, muscle spasm, positive Spurling's, decreased range of motion; lumbar spine revealed tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebrals with muscle spasms, positive sitting straight leg raise, decreased range of motion; right and left knee revealed tenderness to palpation of anterior, medial and posterior knees bilaterally with muscle spasms and positive McMurray's bilaterally, decreased range of motion. In the 5-19-15 note the provider indicates that he injured worker has some difficulty with sleeping, driving, stair navigation, standing, walking, lifting, carrying, kneeling, squatting, working productively all day. He ambulates with a cane. MRI of the cervical and lumbar spines showed discopathy. Treatments to date include functional capacity evaluation; medications: (current): Norco, Fioricet, meloxicam (prior): Protonix, tramadol, Voltaren, Zolpidem, Motrin, Zanaflex; physical therapy; chiropractic therapy. The request for authorization was not present. On 10-8-15 Utilization Review non-certified the request for NESP-R Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

NESP-R program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Consultation.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the CA MTUS ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case, the medical records note that the request for an NESP-R evaluation was requested on 7/8/15 and was certified on 8/7/15. The medical records do not establish the results of the approved evaluation and as such, the requested program cannot be supported. The request for NESP-R program is not medically necessary or appropriate.