

Case Number:	CM15-0036461		
Date Assigned:	03/05/2015	Date of Injury:	12/05/2014
Decision Date:	04/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 57-year-old male, who sustained an industrial injury on December 5, 2014. He has reported falling onto steps and the on his back, with pain in the knees and back. The diagnoses have included lumbar contusion and bilateral knee contusion. Treatment to date has included knee sleeves, heat, rest, physical therapy, and medication. Currently, the injured worker complains of bilateral knee and back pain. The Treating Physician's report dated December 22, 2014, noted the injured worker only 40% improved three weeks post injury. The injured worker was noted to have completed four physical therapy visits, not tolerating well, with no functional improvement noted. Physical examination was noted to show swelling in the knees with diffuse tenderness noted in the anterior knee, and lumbar tenderness at L3-L5 right paraspinal. A right knee MRI dated February 2, 2015, noted a lateral meniscus meniscal body tear, infrapatellar tendinosis, small venous varicosities within the medial and lateral soft tissue, tiny osteochondral irregularity of the medial femoral condyle, and patellofemoral joint osteoarthritis, chondromalacia patella Grade 1. A left knee MRI dated February 2, 2015, noted a medial meniscus complex tear of the posterior horn, lateral meniscus possible tear of the meniscal body, Baker's cyst, small venous varicosities within the soft tissue, joint effusion, medial and lateral femorotibial joint osteoarthritis pronounced medially, and patellofemoral joint osteoarthritis. A lumbar spine MRI dated February 2, 2015, noted L2/L3 broad based central disc protrusion of 1-2mm with facet arthrosis, a L3/L4 broad based central disc protrusion of 1-2mm with facet arthrosis compressing the bilateral L3 exiting nerve root, L4/L5 posterior central disc extrusion of 6.9mm with diffuse disc herniation and facet arthrosis with annular fissure/defect,

transitional segment of L5 with hypoplastic disc, benign hemangioma at L5, degenerative disc disease at L4/L5, and disc desiccation/dehydration at L2/L3, L3/L4, and L4/L5. On February 25, 2015, Utilization Review non-certified a consultation with pain management specialist, lumbar spine, per 02/10/15 order quantity: 1.00, noting the injured worker's response to authorized aquatic therapy needed to be evaluated and documented prior to determining that the consultation was medically necessary. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines was cited. On February 26, 2015, the injured worker submitted an application for IMR for review of a consultation with pain management specialist, lumbar spine, per 02/10/15 order quantity: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management specialist, lumbar spine, per 02/10/15 order quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127 Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: Regarding the request for referral to pain management specialist for the lumbar spine, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it is unclear exactly why a pain management consultation is being requested and there is no discussion regarding any interventional treatments being sought. Furthermore, there is no documentation of trial and failure of conservative treatment. In light of the above issues, the currently requested referral to pain management specialist for the lumbar spine is not medically necessary.