

Case Number:	CM15-0037055		
Date Assigned:	03/05/2015	Date of Injury:	09/17/2014
Decision Date:	05/20/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old female reported a work-related injury on 09/17/2014. According to the progress note dated 1/15/15, the injured worker (IW) reports intermittent, moderate, sharp pain in the low back and stiffness with numbness and tingling and intermittent, moderate left knee pain and stiffness. The IW was diagnosed with lumbar radiculopathy, lumbar strain/sprain and left knee internal derangement. Previous treatments include medications, physical therapy, crutches and chiropractic care. The Utilization Review (UR) on 01/28/2015 modified the requested services/treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for ortho consultation and internal medicine consultation. Per 01/15/15 progress report, the lumbar flexion is 40 degrees, extension is 20 degrees and lateral bending is 20 degrees bilaterally. There is tenderness over bilateral SI joints, coccyx and lumbar paravertebral muscles. Straight leg raising causes pain. Lasegue is positive at 65 degrees. There is muscle spasm on the anterior/ posterior of left knee. McMurray's causes pain. The patient has had physical therapy and chiropractic treatment in the past. The patient remains off work until 03/01/15. MRI of the lumbar spine from 12/16/14 reveals that complex lumbar scoliosis is observed with the lower compliment convex to the left. Degenerative discogenic spondylosis is seemed primarily at L2-3. The L1-L2 through L5-S1 intervertebral disc is desiccated. There are 2.7 mm- 4mm diffuse concentric disc protrusions at L1-2, L2-3, L3-4, L4-5 and L5-S1. MRI of the left knee from 12/13/14 demonstrates peripheral extrusion of the medial meniscus with increased signal in the posterior horn of the medial meniscus and osteochondral defects in the medial femoral condyle and medial tibial plateau. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists 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. In this case, the treater requested ortho surgical consultation to discuss invasive treatment options and Internist consult with [REDACTED] to review cardio respiratory report and recommendations. It would appear that the current treater feels uncomfortable with the patient's medical issues and treatment options. Given the patient's condition, the request for consultation appears reasonable. Therefore, the request IS medically necessary.

Acupuncture 2x4 for the low back, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for 8 sessions of acupuncture for the lower back and left knee. The patient has had chiropractic treatment and physical therapy. The utilization review letter on 01/28/15 authorized 8 sessions of physical therapy. The patient remains off work until 03/01/15. Regarding acupuncture, MTUS guidelines page 13 refers Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. MTUS allow 3-6 sessions of acupuncture treatments for neck, lower back or knee complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the patient requested acupuncture to decrease pain/spasms and increase ROM/ADL's. None of the reports indicate that the patient has tried acupuncture in the past. A short course of acupuncture may be reasonable to address the patient's chronic and persistent symptoms. The patient continues to have ROM issues with the lower back and left knee, for example. However, the current request for 8 sessions would exceed what is recommended for initial trial acupuncture per MTUS guidelines. The request IS NOT medically necessary.

Internal Medicine Consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with pain in the lumbar spine, rated 3/10, and left knee pain rated 5/10. The request is for internal medicine consultation. Physical examination to the lumbar spine on 01/14/15 revealed tenderness to palpation over the bilateral SI joints and lumbar paravertebral muscles. Straight leg raising test was positive in the sitting position. Physical examination to the left knee revealed tenderness to palpation to the anterior knee, lateral knee, medial knee and posterior knee. Mc Murray's test was positive. Per 01/15/15 progress report, patient's diagnoses include lumbar radiculopathy, lumbar sprain/strain, and left knee internal derangement. Patient's medications, per 12/10/14 progress report include Naproxen, Norflex, Tramadol, Compound NPCL topical cream, and Compound MPHCCl topical cream. Per 01/15/15 progress report, patient is to remain off-work until 03/01/2015. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In progress report dated 01/15/15, the treater is requesting Internist consult for reviewing cardio respiratory report and recommendations. The ACOEM Guidelines support the referral of patients to other specialists 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. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.