

Case Number:	CM15-0043086		
Date Assigned:	04/21/2015	Date of Injury:	09/23/2011
Decision Date:	07/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 September 23, 2011. He reported falling while carrying a hose, with neck and lower back pain. The injured worker was diagnosed as having cervical sprain/strain with intervertebral disc disease (IVD), lumbar sprain/strain with IVD, post traumatic cephalgia, radiculitis, right knee sprain/strain compensatory, and left knee sprain/strain compensatory. Treatment to date has included MRI, chiropractic treatments, electromyography (EMG), physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of frequent severe neck aches with soreness, tightness, sharp and burning, constant severe upper back aches, soreness, tightness, and burning, constant severe low back aches, with soreness, tightness, burning sharp pain, frequent severe head throbbing, sharp burning aches, constant moderate right knee aches, soreness, tightness, sharp and burning., with feelings of hopelessness and discouragement, anxiety, and frustration. The Primary Treating Physician's report dated January 13, 2015, noted the injured worker with an exacerbation of his condition. The cervical spine was noted to have pain in all planes with positive Foraminal Compression, Jackson Compression, and Spurling's tests bilaterally. The lumbar spine was noted to have pain in all planes with positive Kemps, Bechtrews, Elys, and Iliac Compression bilaterally, and tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, gluteus, biceps femoris bilaterally, quadriceps on the left, left lower quadrant, and inguinal ligament. The bilateral knee examination was noted to have pain in all planes with positive Apley's Compression and Distraction bilaterally, tenderness to palpation over the subpatella bilaterally, and posterior fossa on the left. The treatment plan was noted to include a referral to orthopedic surgeon, continuation of treatment with a neurologist, referral to an ENT Physician, referral for a suboccipital nerve block, referral to internal medicine, and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: This injured worker was denied a request for neurologist evaluation. The cervical spine was noted to have pain in all planes with positive Foraminal Compression, Jackson Compression, and Spurling's tests bilaterally. There are no red flag symptoms or signs which would be indications for immediate referral. The IW has had numerous tests and diagnostic studies. Other modalities of conservative therapy could be trialed prior to neurology referral and the medical records do not support the medical necessity of a neurologist evaluation. Therefore the request is not medically necessary.

Sub occipital nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Greater Occipital Nerve Block.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the ACOEM, facet injections and diagnostic blocks are not recommended. The medical records do not substantiate goals for efficacy with regards to pain or functional status to support medical necessity for sub occipital nerve blocks vs. continued management with medications or other conservative modalities. Therefore the request is not medically necessary.

Referral to ENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: etiology and diagnosis of tinnitus.

Decision rationale: This injured worker has a history of tinnitus and difficulty with balance per record review. However, the current note of 10/7/14 does not explore possible etiology or further review of systems. There is also no documented physical exam of his ears or head. The records do not document medical necessity for an ENT consultation. Therefore the request is not medically necessary.

Pain management follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. The worker has been treated with multiple modalities of pain management and medications with little subjective or objective improvement in symptoms yet stable functional status. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and radiographic findings do not support this complexity. The medical necessity of a pain management follow up is not substantiated in the records. Therefore the request is not medically necessary.

Orthopedic surgeon evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: This injured worker was denied a request for orthopedic surgeon evaluation. The cervical spine was noted to have pain in all planes with positive Foraminal Compression, Jackson Compression, and Spurling's tests bilaterally. There are no red flag symptoms or signs which would be indications for immediate referral. The IW has had numerous tests and diagnostic studies. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of an orthopedic surgery evaluation.