

Case Number:	CM15-0048061		
Date Assigned:	03/20/2015	Date of Injury:	09/02/2006
Decision Date:	04/24/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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: Emergency 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(n) 44 year old female, who sustained an industrial injury on 9/2/06. She reported pain in the knees. The injured worker was diagnosed as having chondromalacia of the right patella, status post left knee arthroscopy and status post left knee revision. Treatment to date has included physical therapy, Synvisc injections and pain medications. As of the PR2 dated 2/5/15, the injured worker reports pain in the knees and is still using her knee brace. The treating physician noted that the injured worker's back had been added as a body part to the original claim. There is no mention of back pain or back assessment in the progress notes. The treating physician requested an evaluation and treatment of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no documentation concerning back pain by the provider. There is no documentation of character, no documented exam and no documented conservative care. There is no provided justification for lumbar spine evaluation and treatment and it is therefore not medically necessary.