

Case Number:	CM15-0049017		
Date Assigned:	03/20/2015	Date of Injury:	03/18/2010
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, 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 45-year-old male, who sustained an industrial injury on March 18, 2010. He reported low back and lower extremity pain. The injured worker was diagnosed as having tear of medial cartilage or meniscus of the right knee and disorder of the lumbar region. Treatment to date has included radioactive imaging, diagnostic studies, surgical intervention of the right and left knee, left knee and lumbar injections, physical therapy, medications and work restrictions. Currently, the injured worker complains of low back and bilateral knee pain with associated tingling and numbness of the bilateral lower extremities and feet. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported injuring the right knee and developing left knee pain as a result of altered gait in compensation of the right knee pain. Both knees required surgical intervention. He was noted to receive injections in the lumbar spine and knee without benefit. Evaluation on January 26, 2015, revealed continued pain. A transfer of care to pain management was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Second Edition Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee fitness for return to work. In this case, the indication for pain management intervention is not specified. The primary treating physician can provide pain medication. If an intervention is needed that can only be provided with the expertise and safety from a pain specialist then that information should be specified. The request for a pain specialist is not medically necessary.