

Case Number:	CM14-0167962		
Date Assigned:	10/15/2014	Date of Injury:	01/24/2011
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old female who was injured on February 24, 2011. The patient continued to experience pain in her low back and bilateral knees. Physical examination was notable for painful range of motion of the lumbar spine and of the right knee. MRI of the right knee dated August 8, 2013 showed joint space narrowing and osteophyte formation with intact cartilaginous surfaces. MRI of the lumbar spine dated November 7, 2013 reported disc dessication at L3-4 and L5-S1, posterior annular tear at L5-S1, and multilevel minimal disc bulges with no nerve root impingement. Diagnoses included lumbosacral herniated disc, lumbar radiculitis, and derangement bilateral knees. Treatment included aqua therapy, physical therapy, acupuncture, medications, and chiropractic therapy. Requests for authorization for consultation for [REDACTED] for lumbar spine pain management and [REDACTED] for right knee pain unresponsive to conservative management were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED], Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine 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 UpToDate; Evaluation of Chronic Pain in Adults

Decision rationale: [REDACTED] is an anesthesiologist and pain management specialist. Patients may require referral to a pain specialist for the following reasons: -Symptoms that are debilitating-Symptoms located at multiple sites-Symptoms that do not respond to initial therapies-Escalating need for pain medication Many patients with chronic pain may be managed without specialty referral. In this case there is no documentation that the patient has symptoms at multiple sites, symptoms that are debilitating, or an escalating need for pain medication. MRI of the lumbar spine does not show evidence of radicular disease. In addition there is no documentation that anticonvulsant or antidepressant therapies have been tried. Medical necessity has not been established. The request should not be authorized.

Consultation with [REDACTED], Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: [REDACTED] is an orthopedic surgeon. Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In this case there is no documentation to support that the patient is experiencing limited activity. In addition MRI of the right knee shows some evidence of mild osteoarthritis, but cartilaginous surfaces are intact. Operative intervention is not indicated at this time. Medical necessity has not been established. The request should not be authorized.