

Case Number:	CM14-0193252		
Date Assigned:	12/01/2014	Date of Injury:	07/16/1999
Decision Date:	01/15/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/19/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 55 year-old female with date of injury 07/16/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/31/2014, lists subjective complaints as pain in the low back and right knee. Objective findings: Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction just off the midline on both the right and left. There were no motor or sensory deficits noted. There was no radicular pain at present due to the patient's spinal cord stimulator. Right knee showed mild effusion and painful range of motion. No ligamentous instability was noted. Some tenderness to palpation of the medial joint line. Diagnosis: residual radiculopathy status post spinal cord stimulator placement 2. Right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consult/Treat with [REDACTED], Submitted Diagnoses Lumbar (Lower Back) Radiculopathy Right Knee Pain, as an Out-Patient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/> Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consult/Treat with [REDACTED] Submitted Diagnoses Lumbar (Lower Back) Radiculopathy Right Knee Pain, as an Out-Patient is not medically necessary.