

<b>Case Number:</b>	CM15-0118239		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/16/2003
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: North Carolina

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 56 year old male, who sustained an industrial injury on 1/16/2003. He reported developing knee and hip pain and subsequently suffered a fall with a head injury requiring a craniotomy resulting in chronic pain, short term memory loss and anxiety. Diagnoses include bilateral knee pain, bilateral hip pain, low back pain, and thoracic spine pain, right upper extremity pain, cervical pain with cervicogenic headaches, status posttraumatic brain injury. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of increased pain in bilateral knees and the low back with radiation to lower extremities, and pain in bilateral wrists. Pain was rated 5/10 VAS. On 5/28/15, the physical examination documented diffuse tenderness along left knee and thoracic/lumbar spine. There was decreased sensation in upper extremities with significant cervical spine findings. The plan of care included a consultation for Dorsal Rami Diagnostic Blocks (DRDB) and Selective Nerve Root Blocks (SNRB).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The review of the provided documentation does not name the type of consultation or physician the request is for. Therefore, medical necessity cannot be evaluated and the request is not medically necessary.