

Case Number:	CM13-0038257		
Date Assigned:	03/21/2014	Date of Injury:	12/03/2012
Decision Date:	11/16/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/30/2013

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female with a date of industrial injury 12-3-2012. The medical records indicated the injured worker (IW) was treated for degenerative disc disease with spondylosis, C6-7, moderate; left knee sprain; lateral patellar maltracking with moderate lateral patellar tilt, bilateral knees; right low back strain with right buttock and hip pain; and left lower extremity lumbar radiculitis, sciatica. In the progress notes (8-22-13), the IW reported pain in the left knee (9 out of 10) and ankle; right posterior lateral neck pain, rated 7 out of 10, headaches and right parascapular pain; and right low back pain, rated 10 out of 10, with pain in the buttock, hip and leg rated 8.5 to 9 out of 10. Her symptoms and pain levels were unchanged from the 3-18-13 documentation. She was taking Naprosyn, Tylenol and Ultram for pain. There was reportedly no history of illicit drug use or prescription misuse. The notes indicated she was independent in self-care, but was dependent for driving, required a knee brace and crutches for walking and required a motorized cart for shopping; she did not transfer, climb stairs, or perform household chores. On examination (8-22-13 notes), there was tenderness along the cervical paraspinal muscles, the medial trapezius, levator scapulae and parascapular muscles with some muscle spasms. Cervical extension and right lateral bending caused pain. Upper and lower extremity reflexes were 2+ bilaterally and there were no sensory deficits. The left knee range of motion was 15 degrees extension and 110 degrees flexion, which was improved from her 3-18-13 visit. There was patellofemoral joint line tenderness and crepitation. Range of motion of the lumbar spine was 65 degrees forward flexion and 10 degrees extension. Fabere's test was positive on the right. Lower extremity exam was within normal limits, except dorsalis pedis pulses were 1+ bilaterally.

Treatments included heat, ice, elevation of the knee and medications, which were helpful. X-rays on 3-18-13 showed disc space narrowing and spondylosis at C6-7; negative lumbar spine and bilateral hips; and lateral patellar maltracking with moderate lateral patellar tilt in the bilateral knees, according to the provider's interpretation. The IW was on modified work duty. A Request for Authorization dated 9-20-13 was received for a pain management consultation. The Utilization Review on 9-27-13 non-certified the request for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Pain Management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. The request is not medically necessary.