
Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/22/2013

10/29/2011

7/31/2013

CM13-0004828

- 1) MAXIMUS Federal Services, Inc. has determined the request for **sleep study is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **referral to see pain management is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **orthopedic consultation is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **unknown additional therapy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **sleep study is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **referral to see pain management is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **orthopedic consultation is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **unknown additional therapy is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED] is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 29, 2011.

The applicant, it is noted, has also filed a claim for derivative psychiatric issues, insomnia, dysthymia, and psychosexual dysfunction, per a prior November 30, 2012 progress note.

Thus far, she has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; MRI of the cervical spine of September 21, 2012, notable for multilevel disc bulges of uncertain clinical significance; cervical traction; electrodiagnostic testing of the upper extremities, apparently notable for questionable cervical radiculopathy versus ulnar neuropathy; and extensive periods of time off of work.

The most recent progress report of July 17, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. Portions of note have been blurred as a result of repetitive photocopying. The applicant reports ongoing neck,

head, low back, and left shoulder pain. Decreased range of motion and tenderness are appreciated. The applicant is asked to pursue work conditioning and a sleep study.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for sleep study:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Chapter on Pain, (Chronic), Polysomnography and Criteria for Polysomnography, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Clinical Guideline for Evaluation and Management of Chronic Insomnia in Adults;

<http://www.aasmnet.org/Resources/clinicalguidelines/040515.pdf>.

Rationale for the Decision:

The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), however, Polysomnography/sleep studies are not indicated in the evaluation of insomnia secondary to psychiatric or neuropsychiatric disorders. Sleep studies would be beneficial in establishing the diagnosis of obstructive sleep apnea, narcolepsy, cataplexy, etc. but are not necessarily of any benefit in establishing the presence or absence of mental health induced sleep disturbance, as appears to be present here. **The request for a sleep study is not medically necessary and appropriate.**

2) Regarding the request for referral to see pain management:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine Guidelines (ACOEM), Chapter 9 (Shoulder Complaints) (2004), page 207 and the Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain, which are part of the MTUS, and the Official Disability Guidelines (ODG), Pain (Chronic), Office visits and the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado,

Department of Labor and Employment, 4/27/2007, page 56, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Introduction, page 1, which is part of the MTUS

Rationale for the Decision:

As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the persistence of complaints without improvement does make a case for specialty evaluation. In this case, the employee has, indeed failed to progress with various forms of conservative and interventional management. The employee has had injection therapy, physical therapy, and still remains off of work. Obtaining the added expertise of physician specializing in chronic pain is indeed appropriate. **The request for referral to see pain management is medically necessary and appropriate.**

3) Regarding the request for orthopedic consultation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Surgical Considerations, page 179-180, which is part of the MTUS.

Rationale for the Decision:

MTUS-adopted ACOEM Guidelines in chapter 8, referral for surgical consultation, is indicated in the individuals who have persistent, severe, and disabling shoulder or arm symptoms in conjunction with clear clinical and radiographic evidence of a lesion which might be amenable to surgical correction. In this case, the employee has multifocal pain complaints about the arm, shoulder, back, etc. superimposed on mental health issues. The employee is unlikely to be a surgical candidate. The employee does not have clear radiographic or clinical evidence of lesion which might be amenable to surgical correction on cervical MRI. **The request for orthopedic consultation is not medically necessary and appropriate.**

4) Regarding the request for unknown additional therapy:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99 and the MTUS Definitions, (f) "Functional Improvement", which is part of the MTUS.

Rationale for the Decision:

The employee has had prior unspecified amounts of physical therapy over the life of the above referenced worker's compensation claim. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines recommends tying extension of treatment to clear evidence of functional improvement. In this case, however, there is no clear evidence of functional improvement as defined in section 9792.20f. The employee has failed to return to work and is on total temporary disability. The fact that the employee is so dependent on various kinds of medical treatment, consultation with numerous providers and numerous specialists, and injection therapy, argues against any diminished reliance on medical treatment. **The request for unknown additional therapy is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.