MAXIMUS Federal Services

Case Number:	CM13-0019618		
Date Assigned:	10/11/2013	Date of Injury:	03/22/2012
Decision Date:	01/29/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [redacted] custodian who has filed a claim for carpal tunnel syndrome, limb pain, shoulder pain, and ulnar neuropathy reportedly associated with cumulative trauma at work between 1989 and 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; apparent consultation with a shoulder surgeon, who has recommended shoulder surgery; apparent removal from the workplace; electrodiagnostic testing of October 8, 2012, interpreted as normal; and prior epidural steroid injection on January 11, 2013. In a utilization review report of August 8, 2013, the claims administrator denied a request for a sleep study, certified a right shoulder arthroscopy, denied a lumbar epidural steroid injection, certified a sling, and partially certified a cold therapy unit rental. An appeal letter of July 29, 2013 is notable for comments that the applicant should pursue epidural steroid injection therapy as she has evidence of lumbar disc herniations causing associated spinal stenosis and attendant radicular complaints. It is stated that the sleep study is needed given the applicant's ongoing issues with pain-induced insomnia. An earlier note of April 8, 2013, is notable for comments that the applicant did report 80% pain relief following a prior epidural injection. A January 14, 2013, is note is notable for comments that the applicant is having issues with depression, anxiety, and cognitive disorder. The applicant is having pain which wakes her up at night, it is further noted. Finally, an August 6, 2013 note is notable for comments that the applicant reported reduction in pain between January 2013 and August 2013 following a prior epidural steroid injection. The applicant is now having radicular complaints of low back pain radiating to legs, positive straight leg raising, and diminis

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study due to insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic in- somnia in adults. J Clin Sleep Med 2008;4(5):487-504.

Decision rationale: As noted by the American Academy of Sleep Medicine (AASM), polysomnographies or sleep studies are not indicated in the routine evaluation of insomnia, particularly insomnia due to chronic disorders. In this case, the applicant's reported issues with insomnia appear to represent a function of pain and/or a function of underlying psychopathology secondary to previously reported depression, anxiety, and cognitive disorder. As noted by AASM, sleep studies are not indicated to evaluate insomnia owing to psychiatric issues. Therefore, the request is not certified.

Lumbar epidural steroid injections (level not specified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 46.

Decision rationale: Contrary to what was suggested by the claims administrator, the applicant does appear to have active signs and symptoms of lumbar radiculopathy with associated radiographic corroboration of the same. There does appear to be some description of appropriate analgesia and diminished consumption of pain medications effected as a result of the prior epidural steroid injection. A repeat block at the L3 through L5 level is indicated and appropriate, given the apparent favorable response to the prior block. Thus, on balance, it appears the criteria set forth on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a repeat epidural block has been met. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.