MAXIMUS Federal Services

Case Number:	CM13-0021083		
Date Assigned:	03/26/2014	Date of Injury:	09/28/2012
Decision Date:	04/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/28/12. A utilization review determination dated 8/8/13 recommends non-certification of PT and a sleep study. 7/2/13 medical report identifies low back pain 6/10 with non-focal radiculopathy, right greater than left. Pain radiates to the right knee with numbness in the right leg and posterior knee. On exam, there is pain at the end of ROM, positive SLR supine bilaterally, positive left Patrick/FABERE.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (NO FREQUENCY OR DURATIONS LISTED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional deficits that cannot be addressed within the

context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, an open-ended prescription for PT is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, POLYSOMNOGRAPHY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, POLYSOMNOGRAPHY

Decision rationale: Regarding the request for a sleep study, California MTUS does not address the issue. ODG cites specific indications, including: Excessive daytime somnolence; Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); Morning headache (other causes have been ruled out); Intellectual deterioration (sudden, without suspicion of organic dementia); Personality change (not secondary to medication, cerebral mass or known psychiatric problems); Sleep-related breathing disorder or periodic limb movement disorder is suspected; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Within the documentation available for review, there is no documentation of any of the abovementioned conditions. In the absence of such documentation, the currently requested sleep study is not medically necessary.