

Case Number:	CM13-0025223		
Date Assigned:	01/10/2014	Date of Injury:	08/27/2012
Decision Date:	03/25/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/17/2013

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 Pain Management and is licensed to practice in California, DC, Florida, and Maryland. 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 patient is a 52-year-old male who reported injuries on August 27, 2012. The patient was employed by [REDACTED] having been hired as a general laborer in the Biohazards/Processing Department. The patient reported the gradual onset of lower back pain, which he attributed directly to his usual and customary duties which included repetitively pushing/pulling 95-gallon metal bins filled with liquid that weighted over 300 pounds, near continuous bending and twisting of the back with intermittent squatting and stooping and lengthy weight bearing. The patient did not report his complaints initially, believing they would improve over time. However on the date of injury the patient awoke to find himself experiencing severe lower back pain. As a result he called in sick for work. On 8/30/2012 the patient went to [REDACTED] urgent care where he was administered an injection for pain which provided temporary relief. He was also prescribed medication. On September 1, 2012 the patient was referred to [REDACTED] where he was evaluated by the attending physician. Radiography of the lumbar spine was obtained which reportedly demonstrated arthritis. He was again prescribed medication. He received 6 to 8 sessions of chiropractic manipulative/rehabilitative therapy which provided no significant benefit. On 1/2/2013 the patient underwent laminectomy/microdiscectomy at L3-L4. Following the surgery the patient reported no reduction in his right lower extremity radicular symptoms. Post operatively he was provided with 8 to 10 sessions of therapy, which provided no benefit. An MRI of the low back and right lower extremity were taken and showed a large disc herniation at L4-L5. On June 4, 2013 the patient was referred for post-operative electrodiagnostic studies which reportedly demonstrated abnormalities, additional surgery was recommended, however the patient declined. In the supplemental medical records provided for review on 10/25/2013, the primary treating physician did document the reason for sleep specialist

consultation. According to the record, the treating physician stated that the patient complained of sleeping difficulties due to chronic pain, hence the request for sleep specialist evaluation

IMR ISSUES, DECISIONS AND RATIONALES

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

sleep specialist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to ACOEM Guidelines, 3rd Edition, 2011 chapter 7, regarding independent medical examination and consultation, "If a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are two types of these examination referrals- the consultation and the independent medical examination (IME). A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, however, may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. In the supplemental medical records dated 10/25/2013 provided for review, the primary treating physician did document the reason for sleep specialist consultation. According to the record, the treating physician stated that the patient complained of sleeping difficulties due to chronic pain, hence the request for sleep specialist evaluation. Therefore the request for Sleep specialist consultation is medically necessary.