

Case Number:	CM13-0029702		
Date Assigned:	11/01/2013	Date of Injury:	02/20/2013
Decision Date:	01/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/25/2013

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar laminectomy, discectomy, and laminotomy on April 20, 2013; attorney representation; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of September 5, 2013, the claims administrator denied a request for additional physical therapy, noting that the applicant already had 20 sessions of postoperative treatment and similarly denied a request for a sleep consultation on the grounds that there is no clear evidence of sleep disorder. A note dated October 4, 2013 is notable for comments that the applicant reports ongoing issues with low back pain. The applicant remains off of work, on total temporary disability, and has some unspecified sleep issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the utilization review report as of September 4, 2013, the applicant was still within the six-month postoperative window established in the MTUS for discectomy and laminectomy surgeries. The applicant underwent surgery on April 22, 2013. According to the Postsurgical Treatment Guidelines, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine if an applicant fails to demonstrate functional improvement. In this case, the applicant did fail to demonstrate any evidence of functional improvement, continued dependence on medical treatment, and failed to return to any form of work.

Sleep specialist referral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1 of 127.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does state that the presence of persistent complaints should lead an attending provider to reconsider the diagnosis and determine whether a specialist evaluation is indicated. In this case, however, the attending provider has not detailed or described the employee's sleep issues or sleep disturbance in any significant way. It is unclear whether the attending provider suspects a bona fide sleep disorder such as narcolepsy, or sleep apnea, or whether the employee is simply having poor sleep issues secondary to poorly controlled pain. The request for a sleep specialist is not medically necessary and appropriate.