

Case Number:	CM13-0029867		
Date Assigned:	11/27/2013	Date of Injury:	09/23/2012
Decision Date:	02/26/2014	UR Denial Date:	09/23/2013
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 Orthopedic Surgery, has a subspecialty in Interventional Spine 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 patient is a 36 year old male with a date of injury of 08/23/2012. The listed diagnoses per [REDACTED] 06/11/2013 are chronic cubital tunnel syndrome, left elbow, chronic sciatica, left lower extremity with L5 radiculopathy, depression, insomnia, and stress. According to the report dated 06/11/2013 by [REDACTED], patient feels continued pain in their left elbow/forearm and lumbar/left buttock. Patient states their left wrist becomes painful with increased use. It was noted that patient presents with mild diffuse distress. Patient's medication regimen included Tramadol 4 times a day, Gabapentin 4 times a day, Synoflex twice per day and Omeprazole, as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep evaluation: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM guidelines do not address sleep studies but the Official Disability Guidelines (ODG) recommend it for the combination of indications such as excessive

daytime somnolence; cataplexy, morning headaches, intellectual deterioration, personality change, insomnia complaint for at least 6 months unresponsive to behavior intervention and sedative medications and psychiatric etiology has been excluded. In this patient, none of these are documented. Although the report dated 06/11/2013 lists Insomnia as one of patient's medical conditions the report had no discussions of it and there are no other progress reports provided for review. Furthermore, the Impairment report dated the same day notes under the sleep section states "restful, nocturnal sleep pattern." The request for a sleep evaluation is not medically necessary and appropriate.

Pain psychology evaluation due to chronic pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), pg. 127

Decision rationale: The ACOEM Practice Guidelines, pg. 127, state, "health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Given the patient's chronic pain and depression the request do meet the guidelines criteria. The request for a pain psych evaluation is medically necessary and appropriate.