

Case Number:	CM13-0030970		
Date Assigned:	12/04/2013	Date of Injury:	09/25/2010
Decision Date:	09/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/02/2013

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 and is licensed to practice in Texas. 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:

The patient is a 38 year old female who sustained an industrial injury on 9/25/2010. She felt pain while pulling a cart filled with trash. The patient had an initial PTP evaluation on 8/6/2013. She presents with multiple complaints. She is working modified duties as a custodian with lifting restrictions of no more than 15 lbs. Pain is rated 8/10 in the neck and shoulders, and 10/10 pain in the upper and lower back. Medications are naprosyn, gabapentin, aspirin, tylenol. Physical examination documents she is obese, tearful, restricted and guarded gait, diffuse tenderness, restricted ROM, positive Supraspinatus and impingement tests, 4/5 lower extremity motor strength, 2+ reflexes, and intact sensation. Prior medical records were reviewed. Diagnoses are fibromyalgia, depressive disorder, and morbid obesity. Plan of treatment is request screening eval for admission to multidisciplinary pain management center, request pool therapy 12 sessions, encourage weight loss and diet, medications management: dexilant, discontinue naprosyn, flexeril, introduce SNRI - cymbalta, continue gabapentin, non-narcotics will be administered. A RFA form dated 8/20/2013 requests screening evaluation for admission to multidisciplinary pain program, sleep study and pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Polysomnography.

Decision rationale: According to the Official Disability Guidelines, a sleep study (polysomnography) may be recommended when certain particular indicators are present, such as narcolepsy, sleep-related breathing disorder or periodic limb movement disorder is suspected, or insomnia complaint for at least six months (at least four nights of the week) that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. The medical records do not establish this patient meets the criteria to establish she is an appropriate candidate for sleep study.

POOL THERAPY; TWELVE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine; Aquatic therapy Page(s): 98-99,22.

Decision rationale: According to the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. This patient is nearly 4 years post industrial injury date. It is reasonable she has undergone extensive supervised therapy to date. She is working modified duties and physical examination establishes the patient is clearly able to participate in standard land-based activities. The medical records document this patient has good functional strength, ambulates without any assistive device, and is neurologically intact. She should be able to tolerate land-based activities within a self-directed home exercise program, of which she should be very well-versed to perform at this point. Based on the referenced guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.