

Case Number:	CM13-0031039		
Date Assigned:	12/13/2013	Date of Injury:	04/08/2013
Decision Date:	01/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 50 year old female that reported an injury on 04/08/2013. The mechanism of injury information was not provided in the medical record. The most recent clinical note dated 08/22/2013 reported the patient was to receive chiropractic treatments, and kinetic activities for her injuries, which are not provided in the medical record. The patient complained of occasional mild, dull, achy, sharp, throbbing headaches, associated with looking up, down and turning frequently. The patient also complaints of stomach pain due to stress. The patient diagnoses included headache, migraine, loss of hearing, loss of sleep, sleep disturbance, anxiety, irritability, nervousness, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study is not medically: 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) Pain, Polysomnography.

Decision rationale: California MTUS ACOEM does not address sleep studies. Official Disability Guidelines states that sleep studies are suggested for excessive daytime somnolence, morning headaches, personality changes, intellectual deterioration, insomnia complaint of at least 6 months, unresponsive to behavior intervention and sedative/sleep promoting medications, and/or cataplexy. There is an insufficient amount of objective clinical information suggestive of any of the attempted and failed use of sleep promoting or sedative medications by the patient. As such, the request for sleep study is non-certified.

ENT Consult (no frequency): 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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: California MTUS states if a complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The chronic pain medical treatment guidelines state specialist evaluation may be necessary if the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options. California MTUS ACOEM states referrals are appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. There is an insufficient amount of objective clinical findings provided in the medical record suggestive that there is a need for an ENT consultation at this time. As such, the request for ENT consultation is non-certified.

Internal Medicine Consult (no frequency): 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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: California MTUS states if a complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The chronic pain medical treatment guidelines state specialist evaluation may be necessary if the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options. California MTUS ACOEM states referrals are appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. There is no documentation of any attempted and failed use of medications to treat the ailments requiring internal medicine physician. There is an insufficient

amount of objective clinical findings provided in the medical record suggestive that there is a need for an internal medicine physician at this time. The request for internal medicine consult is non-certified.

Medication Consultation (no frequency): 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: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: California MTUS states if a complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The chronic pain medical treatment guidelines state specialist evaluation may be necessary if the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options. There is no information provided in the medical record discussing exactly what medications the patient is requesting consultation for. There is an insufficient amount of objective clinical findings expressing what medications the patient is receiving and/or needing to receive that would require a medication consultation. As such, the request for medication consultation is non-certified.

Psyche Referral (no frequency): 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 Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 101-102.

Decision rationale: California MTUS states Psychological evaluations are recommended for appropriately identified patients during treatment for chronic pain. The patient cannot be properly identified as a qualified candidate for a psych referral at this time. There is an insufficient amount of clinical information supplied in the medical record to support the medical necessity of a psych referral at this time. There is no clinical documentation of any signs or symptoms suggestive of a psychological ailment. As such, the request for psych referral is non-certified.