

<b>Case Number:</b>	CM13-0034867		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/02/2003
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 patient is a 46 her old male with date of injury 06/02/2003. He was initially diagnosed with a lumbar strain after struggling to install a computer 11 years ago. Since that time he has had a long and complicated medical history including lumbar surgery, but most of his current complaints and diagnoses are internal medical in nature or psychiatric. His current diagnoses appeared to be status post lumbar laminectomy and L4-5 discectomy, chronic lumbar pain, chronic pain syndrome, gastroesophageal reflux disease, irritable bowel syndrome, type 2 diabetes, obstructive sleep apnea, major depression, hypertension, obesity, and sexual dysfunction. Review of medical records over the last 2 years indicates that the patient has been followed by an internist, a pain specialist, a neurosurgeon, and a psychiatrist. Despite the large number of medical problems, invasive treatment for his chronic pain, psychiatric visits, and visits to an internal medicine specialist, the patient's medical condition seems to have stayed quite stable. There is occasional waxing and waning of symptoms, but the medical record reveals very little change in the patient's condition over the course of the last 2 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**consultation for an oral device:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Despite a voluminous medical record, there is no specific explanation as to why the patient requires an oral device or exactly what type of the device is required. There is a sleep diagnostics report by [REDACTED] dated 7/11/2013 revealing that the patient suffers from a severe pathological sleep reaching respiratory disorder. The patient is currently using CPAP at night for treatment of his sleep apnea. Without documentation supporting the need for an oral device, the consultation is not medically necessary.

**neurology consultation for a second opinion about the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** The patient's lumbar condition, based on the medical record, has had very little change. There is no documentation of marked increase in pain or change in his radicular symptoms. Without medical documentation of motor or sensory changes requiring the assistance of a specialist in neurology, the specialty consult is not medically necessary.

**ophthalmology consultation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** There is no documentation of vision changes or visual acuity in examination in the medical record. For this reason, the ophthalmology consult is not medically necessary.