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| Case Number: | CM13-0035984 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 04/05/2010 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 23-year-old female who sustained work-related injuries to her back in a cumulative trauma from 01/02/2010 to 04/05/2010, during the course of her employment with [REDACTED] as a Deli/Bakery Clerk. The patient states while performing her usual and customary work duties she sustained work-related injuries to her back due to repetitive nature of her work duties that consisted of lifting boxes and unloading delivery trucks. She reports the injury to her manager but no medical care was offered or provided. The patient complains of dull to sharp pain in the low back that occurs all of the time, radiating to the legs. The pain increases with prolonged standing and walking, bending, stooping, pushing, pulling, and lifting. The pain is temporarily relieved with rest and medication. The most recent progress note, dated 09/10/13, reveals the patient presented with complaints of low back pain, stiffness, tingling, and weakness. The patient reports intermittent radiation into the right leg. There is a complaint of loss of sleep due to pain. The patient averages 4-5 hours daily for greater than one year. Objective findings revealed lumbar range of motion (ROM) decreased and painful, with +3 tenderness to palpation of the paravertebral muscles, with spasm. Kemp's test causes pain bilaterally. Straight leg raise is positive on the left.

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 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 Chapter, Section on Polysomnography

Decision rationale: CA-MTUS (effective July 18, 2009) is mute on this topic. ODG Pain Chapter, Section on Polysomnography: States regarding a sleep study states, "In-lab polysomnograms sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded." Also, there is no documentation that the patient has tried behavior intervention and/or sleep-promoting medications as also supported by guidelines. Although the documentation identifies the patient to have difficulty sleeping, she indicates it is in relation to her pain Therefore, the request for a sleep study is not considered medically necessary since the claimant did not meet the guideline criteria.

Lumbar spine decompression therapy x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: CA-MTUS (Effective July 18, 2009) page 300 ACOEM section on low back complaints states: Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. ODG Powered traction devices: Not recommended. While there are some limited promising studies, the evidence in support of powered traction devices in general, and specifically vertebral axial decompression, is insufficient to support its use in low back injuries. Vertebral axial decompression for treatment of low back injuries is not recommended. VAX-D therapy may also have risks, including the potential to cause sudden deterioration requiring urgent surgical intervention. Therefore the request for Lumbar spine decompression therapy x 12 sessions is not medically necessary.