

Case Number:	CM13-0041787		
Date Assigned:	12/20/2013	Date of Injury:	08/18/2000
Decision Date:	02/20/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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:

As per medical records reviewed, the claimant is a 67 year old female was employed by [REDACTED] at the time of her work related injury. She indicates that she was injured while at work, in the course of her usual and customary duties. The patient states that she was involved in an industrial injury on 08-18-00, where the claimant sustained orthopedic pains. The patient finds that in response to the industrially related orthopedic pain, she has developed emotional stressors. She claimed she was under industrially related emotional stressors due to an acute injury to her left wrist when she slipped on a staircase and struck her left wrist against a metal stripping under the carpet. The patient subsequently developed complex regional pain syndrome (CRPS). Per history, cortisone injections were administered to her neck in the hopes of alleviating the pain to her left wrist. As a result, the patient states that she developed type 2 diabetes mellitus. The patient has undergone biofeedback to help alleviate her pain. She has also developed anxiety and depression. No modes of treatment are currently being instituted. She also states that she has developed partial seizures of her left arm for which she is taking Topamax. The patient reports that due to her industrially related pain and to the industrially related stress, she has developed physical symptoms, which include complaints of sleep disorders. She reports having impaired sleep, averaging 3 to 4 discontinuous hours a night despite the use of the medications listed below. She has difficulty initiating sleep and wakes frequently during the night with a significant time delay before resuming sleep. She also reports significant problems in her sleep patterns, ability to initiate and maintain sleep, and her quality of sleep. The patient is currently taking Lexapro, Celebrex, gabapentin, and Vicodin on an industrially related basis. She has noted "mental foginess" with the use of these agents, which limits

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep medicine doctor consult: 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) - TWC Pain Procedure Summary

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 section on Consultations and Independent Medical Examinations.

Decision rationale: CA-MTUS (Effective July 18, 2009) ACOEM Guidelines, chapter 7, under the section on "Consultations and Independent Medical Examinations" states: Regarding independent medical examination and consultation, "If a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are two types of these examination referrals- the consultation and the independent medical examination (IME). A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, however, may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. Regarding the claimant, the treating physician requested for a sleep medicine specialist consultation, since the claimant is being treated with CPAP machine for an obstructive sleep apnea syndrome on an industrial basis. This request is consistent with spirit of the ACOEM guidelines as stated above, therefore the request for Sleep medicine doctor consult is medically necessary.