

Case Number:	CM13-0043447		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2011
Decision Date:	02/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 29 year-old male jockey who was injured on 12/1/11 when he was riding a horse in a race and the horse fell down and the patient fell forward to the ground, striking left side of his head against concrete. He was admitted to the hospital for 4-days, and was found to have fractured the sternum, manubrium and multiple ribs. He subsequently underwent 2-months of PT, acupuncture and chiropractic care. The neurologist diagnosed him with: s/p fall from a racing horse on 12/1/11; cervical/trapezial and thoracic pain; Insomnia. The orthopedic PTP diagnosed him with cervical/trapezial strain/sprain with upper extremity radiculitis; xrays from 4/11/12 showing reverse curvature and disc desiccation C5/6 and C6/7 without bulge per MRI from 8/29/13; thoracic sprain/strain; left shoulder periscapular strain, tendinitis and impingement; sternum/rib fracture, comminuted fracture of manubrium per CT of the chest from 12/1/11 and chest pain/tachycardia per [REDACTED]. The IMR application shows a dispute with the 10/14/13 UR decision, which is by CID and was based on the 10/2/13 report from [REDACTED], and recommends non-certification for polysomnogram; EEG/QEEG; MRI of the brain; EMG/NCV BLE; cardiology catheter; and use of Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

A polysomnogram: 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 (ODG) Official Disability Guidelines, Pain Chapter, Polysomnography

Decision rationale: MTUS guidelines did not discuss sleep studies, so ODG guidelines were consulted. ODG provides criteria for sleep studies, stating that 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The records do not show that the patient meets any of these criteria. The subjective complaint of snoring when laying supine is the only indication posited. The guidelines specifically indicate that this complaint is not sufficient to warrant a sleep study and consequently, the request for sleep study is not in accordance with ODG guidelines.

An electroencephalogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Brain mapping and Neurofeedback

Decision rationale: MTUS and ACOEM did not discuss EEG or QEEG so ODG guidelines were consulted. ODG does not recommend QEEG stating that in moderate/severe TBI the results of QEEG are almost always redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. The ODG guidelines for EEG states if there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The patient has memory difficulty but it is not known if there is failure to improve or deterioration as there is no baseline measurement tool provided and no current measurement. The patient does not appear to meet the ODG criteria for the EEG, and ODG does not recommend the QEEG.

An MRI of the brain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, MRI

Decision rationale: MTUS/ACOEM did not discuss MRI for the brain. ODG guidelines were consulted. ODG guidelines, in the Head Chapter state that due to an MRI's high contrast resolution, it is superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. The medical records state the patient was working as a horse jockey, and in a race when his horse went down and he fell and stuck his head on concrete. He was hospitalized for 4-days then released. There are no brain imaging reports or hospital reports available for this IMR. The neurologist has requested the brain MRI to evaluate for traumatic brain injury. With the available information, the request appears to be in accordance with ODG guidelines

Electromyography (EMG) and nerve conduction velocity (NCV): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Physician Reviewer's decision rationale: MTUS/ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The medical records show the patient had lower back pain for over 4-weeks. The request for EMG/NCV for the lower extremities is in accordance with MTUS/ACOEM guidelines.

A cardiac catheter: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Cardiology Associations 2008 Guidelines for the Management of adults published in the Journal of the American College of Cardiology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation section LC4610.5(2) of California Workers' Compensation Regulations

Decision rationale: According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition. The hierarchy is as follows (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted

standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The general indications for cardiac catheterization is for coronary artery disease, which this patient is suspected of having. Recommendation is to authorize the diagnostic study.

Fioricet #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: MTUS guidelines for Fioricet refers readers to the Barbiturate-containing analgesic agents (BCAs) section. MTUS for Barbiturate-containing analgesic agents (BCAs) specifically states they are not recommended for chronic pain. The use of Fioricet is not in accordance with MTUS guidelines.