MAXIMUS Federal Services

Case Number:	CM13-0055983		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2012
Decision Date:	08/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 42-year-old male with date of injury of 03/27/2012. According to this report, the patient complains of constant severe dull, achy, sharp low back pain. It is aggravated by lifting 10 pounds, repetitive sitting, repetitive standing, walking, and bending. The patient also complains of intermittent moderate dull achy, sharp, right shoulder and right knee pain. The physical exam shows there is a trigger point present at the lumbar spine paraspinals. Range of motion is decreased and painful. There is +3 tenderness to palpation over the paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Straight leg raise test is positive bilaterally. The range of motion in the right shoulder is decreased and painful. There is positive tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, and supraspinatus. Positive McMurray's sign. The utilization review denied the request on 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULSE OXIMETRY AND NASAL FUNCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: This patient presents with back, right shoulder, and right knee pain. The treater is requesting a pulse oximetry and nasal function. The MTUS, ACOEM, and ODG Guidelines do not address this request; however, Aetna Guidelines were used. A record of the patient's sleep history including sleep hours and patterns has also been documented. The treater further indicates that the patient's nasal and throat exam along with a neck circumference size suggest a crowded airway that would raise suspicion for obstructive sleep apnea, obstruction of the airway and/or upper airway resistance. The request is not medically necessary.

SLEEP DISORDERED BREATHING RESPIRATORY STUDY; 2 NIGHTS AT PATIENTS RESIDENCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The 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) Sleep studies.

Decision rationale: This patient presents with back, right shoulder, and right knee pain. The treater is requesting a sleep disorder breathing respiratory study 2 nights at the patient's residence. ODG guidelines considers polysomnography appropriate for excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; insomnia conplaints for 6 months or more and unresponsive to behvior intervention. In this request, the patient scored 1/24 on Epworth Sleepiness Scale which is normal. The patient seems to be suffering from insomnia due to worries, pain an due to going to the bathroom. Sleep studies no not appear indicated as medically necessary.