MAXIMUS Federal Services

Case Number:	CM13-0057006		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2011
Decision Date:	03/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 54-year-old female who was injured on 7/1/2011. According to the handwritten 11/5/13 PR2 (progress report), the patient's diagnoses include herniated cervical and lumbar discs, s/p right shoulder arthroscopy and left carpal tunnel syndrome (CTS). She presents with neck pain, bilateral hand numbness and right shoulder pain, and lower back pain that goes to both legs. The treatment plan was pending a psychology report, sleep study and internal medicine consultation. In the available records, there is also a narrative report, dated 11/5/13 from [redacted], that states she was referred to psychology for medications, but has not has any follow-up for the medications. The patient is 5'6", 211 lbs, and blood pressure was 125/89. The report states there are pending psychology reports, sleep study and internal medicine consultation, but there is no rationale. The prior report from [redacted], is dated 10/1/13, but it describes the patient at 5' and weight at 220 lbs. The 10/1/13 report states that the psychology referral was for symptoms of anxiety and depression, but it does not mention a sleep study or internal medicine consultation. The next available prior report from [redacted] is dated 8/27/13 and states that the patient had chest pain, but did not go to the emergency room, because she did not have health insurance. The constipation was getting worse, and her blood pressure was 124/111. There was not rationale provided for the internal medicine consultation, and no mention of sleep problems on the 7/16/13, 6/11/13, or 4/30/13 reports from [redacted].

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-

Decision rationale: The patient presents with neck and back pain, right shoulder pain, and bilateral carpal tunnel syndrome (CTS). The 11/5/13 report from [redacted] states the treatment plan is pending a sleep study and internal medicine consultation. There is no rationale provided for the sleep study, or the internal medicine consultation. The patient is obese, and on one or two occasions had high blood pressure readings, but in the available reports in the 6-month timeframe from 4/30/13 through 11/15/13, there is no discussion as to why a sleep study is needed. There is no mention of sleep difficulty or insomnia in the medical reports. The Official Disability Guidelines indicate that there must be six (6) months of insomnia complaint at least four (4) nights per week. The medical reporting does not document any insomnia complaints over the past six (6) months. The request is not in accordance with ODG guidelines

Internal Medicine consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient presents with neck and back pain, right shoulder pain, and bilateral carpal tunnel syndrome (CTS). The 11/5/13 report from [redacted] states the treatment plan is pending a sleep study and internal medicine consultation. There is no rationale provided for the sleep study, or the internal medicine consultation. The patient is obese, and on one or two occasions had high blood pressure readings, but in the available reports in the 6-month timeframe from 4/30/13 through 11/15/13, there is no discussion as to why the internal medicine consultation was requested. The ACOEM Guidelines indicate that a consultation is "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." There is no discussion as to why a consultation with an internal medicine specialist was requested. There is no mention of need of aid in the diagnosis, prognosis or therapeutic management, or to determine medical stability or permanent residual loss, or return to work (RTW). The request for a consultation with an internal medicine specialist without a documented rationale is not in accordance with ACOEM guidelines.