MAXIMUS Federal Services

Case Number:	CM13-0063822		
Date Assigned:	06/09/2014	Date of Injury:	01/05/2012
Decision Date:	07/31/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 62-year-old female who reported an injury on 01/05/2012. The mechanism of injury was not provided in the clinical review. The diagnoses included osteoporosis with possible compression fracture, trochanteric bursitis, tendonitis, right hip, postsurgical right groin pain, status post extensive vascular symptoms, anxiety and depression, and sleep difficulties. Previous treatments included an EMG/NCV, medication, and TENS unit, and an MRI on 03/14/2014. The clinical note dated 04/23/2014 reported the injured worker complained of greater trochanteric area of the right hip pain. She reported occasional pain in the lateral aspect of the left thigh. She indicated she had no distal radicular symptoms and no numbness or pain. Upon physical examination, the provider noted the range of motion of the lumbar spine was normal. The provider indicated there was no paraspinal musculature tenderness to palpation. The injured worker underwent an EMG/NCV which showed no radicular symptoms dated 04/15/2014. There was evidence of an acute right L5-S1 lumbosacral radiculopathy, with no evidence of peripheral neuropathy or nerve entrapment. She also underwent an MRI dated 03/14/2012 which revealed normal lumbar vertebral height without evidence of prior fracture. There was disc bulge, protrusion or central lateral stenosis in the L1-2 and L2-3. The other lumbar levels revealed no disc protrusion or nerve root impingement. The provider requested an MRI of the lumbar spine and a sleep study. However, a rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: 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): 303-305.

Decision rationale: The injured worker complained of pain in the greater trochanteric area of the right hip. She reported pain in the lateral aspect of the left thigh. She reported she had no distal radicular symptoms and no numbness or pain. She indicated she had difficulty sleeping on her right hip. The California MTUS/ACOEM Guidelines state objective findings that identify specific nerve root compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false-positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is a lack of documentation indicating neurological deficits of the lumbar spine such as decreased sensation or motor strength in the specific dermatomal distribution. In addition, there is no indication of red flag diagnosis or the intent to undergo surgery requiring an MRI. The rationale for the request was not provided for review. The medical necessity for imaging was not established. The injured worker underwent an MRI on 03/14/2014; therefore, an additional MRI would not be medically warranted. Therefore, the request for MRI of the lumbar spine is not medically necessary.

SLEEP STUDY: 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), 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, Polysomnography.

Decision rationale: The injured worker complained of pain in the greater trochanteric area of the right hip. She reported pain in the lateral aspect of the left thigh. She indicated she had no distal radicular symptoms and no numbness or pain. The Official Disability Guidelines note sleep studies are recommended after at least 6 months of an insomnia complaint for at least 4 nights a week, unresponsive to behavior or intervention and sedative/sleep promoting medication, and after psychiatric etiology has been excluded. The guidelines note polysomnogram/sleep studies are recommended for the combination of indications including excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headaches (other causes have been ruled out), intellectual deterioration

(sudden, without suspicion of organic dementia), personality changes, sleep related breathing disorder or periodic limb movement disorders as suspected, insomnia complaint for at least 6 months, unresponsive to behavior intervention and sedative/sleep promoting medication 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. There is a lack of documentation indicating the injured worker had symptoms of insomnia for at least 6 months or failed or was unresponsive to behavior intervention, and sedative/sleep promoting medications. There is a lack of documentation indicating the injured worker was treated for psychiatric etiology. There is a lack of objective findings indicated the injured worker had morning headaches. There is a lack of clinical documentation indicating the injured worker had personality changes, sleep related breathing disorders or periodic limb movement. Therefore, the request for MRI of the lumbar spine is not medically necessary.