

Case Number:	CM13-0068316		
Date Assigned:	01/03/2014	Date of Injury:	10/05/2000
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine 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:

The patient is a 64 year old female with date of injury 10/05/2000. The most recent primary treating physician's progress report, dated 10/11/2013 lists subjective complaints as increased lower back pain. She complains that the pain has is frequent and has increased in severity. Objective findings: examination of the lumbar spine revealed hyper tonicity, spasm, tenderness, tight muscle band and trigger point of the paravertebral muscles. Spinous process tenderness is noted on L3-S1. Examinations to the thoracic spine, hip, bilateral knees, ankles and feet were all normal with no tenderness, swelling or deformities. Diagnosis: 1. Musculoligamentous sprain/strain L/S 2. Disc bulging L/S 3. Radiculopathy 4. Degenerative disc disease 5. Overweight 6. Depression and anxiety 7. Chronic pain and disability 8. Asthma unspecified 9. Osteoarthritis of hip 10. Osteoarthritis of knee 11. Internal derangement of knee 12. Lumbar facet arthropathy 13. Stenosis L/S 14. Trochanteric bursitis 15. Sacroiliac dysfunction 16. Insomnia 17. Sprains and strain of the lumbar region 18. Smoking cessation counseling 19. Total hip replacement 20. Total knee replacement. A follow-up report from the primary treating physician dated 10/16/2013 provides some explanation for his request for "all treatment and services performed ". He requests Anaprox, Voltaren gel, Effexor XR, Neurontin, Prilosec, Symbicort, Flector patches, high potency multivitamins, omega-3, vitamin D, and random urine drug testing. In addition, he requests psychological testing, and that the patient is enrolled in the [REDACTED] program. The medical record is unclear as to how long the patient has been taking the following medications, but there is documentation back to January 2013. Medications: High potency multi vitamin SIG: take 1 daily, 2. Omega-3 SIG: take 1 daily, Anaprox 550mg #60 SIG: take 1 daily, Flector 1.3% patch SIG: apply patch every 12 hours, Voltaren 1% Gel SIG: Apply to affected area twice a day, Effexor Xr 37.5 mg #30 SIG: take 1 daily, Neurontin 800 mg tablet SIG: take 1 three times a day, Prilosec 20mg #60 SIG: take 1

daily, Symbicort 80-4.5mcg inhaler, Vitamin D 1,000 unit tablet SIG: 1 weekly in a Dental AME dated 02/13/2013, it is proposed that the patient has a condition called xerostomia, or absence of saliva, secondary to her chronic opiate use. Through this condition, the dentist links the patient's poor dentition to a work-related condition. In the primary treating dentist's permanent impairment evaluation of 11/11/2013, he notes in the future medical section that the patient has been objectively tested and, with reasonable medical probability, has been found to have industrially-related nocturnal obstruction of the airway. The dentist states that the patient will require the proper fabrication of a unique type of obstructive airway oral appliance to be used at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

All treatment and services performed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for multiple treatments and services is not specific, and while not itemized explicitly, the requests are inferred by the primary treating physician's follow-up letter dated 10/16/2013 and the utilization review of 10/09/2013. The requests being grouped together must be considered as one for the purposes of an independent medical review. As such, if one treatment is not medically necessary, then the entire group of treatments in dispute must be denied as not medically necessary as well. Irrespective of the treating physician's report of 10/16/2013, "all treatment and services performed" is ambiguous and too general to allow a review. "All treatment and services performed" is not medically necessary.

Obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, 01/14/2014; Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea

Decision rationale: In 2009, a Clinical Guideline for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults was prepared by the Adult OSA Task Force of the American Academy of Sleep Medicine (AASM) (Epstein, 2009). According to the AASM (which was formerly known as the American Sleep Disorders Association), "This task force was assembled to produce a clinical guideline from a review of existing practice parameters and available literature. All existing evidence-based AASM practice parameters relevant to the evaluation and management of OSA in adults were incorporated into this guideline." The

following is an excerpt from this AASM document: Individuals with severe OSA should have an initial trial of nasal CPAP because greater effectiveness has been shown with this intervention than with the use of oral appliances (OAs). There is no documentation in the medical record that the patient has undergone an initial trial of nasal CPAP. The obstructive airway oral appliance is not medically necessary.