

Case Number:	CM14-0009828		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2005
Decision Date:	05/05/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation, 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 41-year-old male who reported an injury on 02/08/2005. The mechanism of injury was not stated. The patient is diagnosed as status post lumbar fusion and multiple somatoform disorders. A request for authorization was submitted by [REDACTED] on 11/27/2013 for supplemental report 30 minutes, diagnostic study models, neuromuscular alignment, pulse oximetry, pulmonary stress testing, diagnostic amylase analysis, airway obstruction oral appliance, and musculoskeletal trigeminal appliance. However, there was no Physician's Progress Report submitted on the requesting date. The most recent Physician's Progress Report submitted for this review is documented on 11/14/2013 by [REDACTED]. The patient reported erectile dysfunction and decreased libido. Physical examination revealed no acute distress, increased tenderness in the left lower quadrant, no signs of acute abdominal symptoms, and no evidence of pitting edema. Treatment recommendations at that time included a gastrological consultation, a rheumatologic consultation, and acupuncture treatment with shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROMUSCULAR ALIGNMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. There was no Physician's Progress Report submitted on the requesting date. The specific body part was not stated in the current request. The medical necessity has not been established. Therefore, the request is non-certified.

PULSE OXIMETRY: 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) Pulmonary Chapter, Managing Exacerbations.

Decision rationale: Official Disability Guidelines state management in the urgent or emergency care setting includes monitoring response with serial assessment of lung function measures such as pulse oximetry and symptoms. There was no Physician's Progress Report submitted on the requesting date. Therefore, there is no evidence of an acute pulmonary event. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

PULMONARY STRESS TESTING: 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) Pulmonary Chapter, Pulmonary Function Testing.

Decision rationale: Official Disability Guidelines state pulmonary function testing is recommended for specific indications. Pulmonary function testing is separated into simple spirometry and complete pulmonary function testing. There was no Physician's Progress Report submitted on the requesting date. Therefore, there is no evidence of an acute pulmonary condition. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

DIAGNOSTIC AMYLASE ANALYSIS: 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 www.labtestsonline.com, lab tests online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, last modified on January 6, 2014.

Decision rationale: A blood amylase test is ordered, often along with lipase test, to help diagnose and monitor acute or chronic pancreatitis and other disorders that may involve the pancreas. There was no Physician's Progress Report submitted on the requesting date. Therefore, there is no evidence of an acute abnormality that may warrant the need for the requested laboratory testing. As such, the request is non-certified.

MUSCULOSKELETAL TRIGEMINAL 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 Gale DJ, Sawyer RH, Woodcock A, Stone P, Thompson R, O'Brien K. US National Library of Medicine National Institutes of Health. Do Oral Appliances Enlarge The Airway In Patients With Obstructive Sleep Apnoea? A prospective computerized tomographic study. Eur J Orth

Decision rationale: According to a study performed by the U.S. National Library of Medicine, National Institutes of Health, oral appliances may be an effective therapy for obstructive sleep apnea. However, there is a wide, unpredictable individual variation of response and a small number of patients may worsen in their condition. There was no Physician's Progress Report submitted on the requesting date. Therefore, there is no evidence of an acute condition such as obstructive sleep apnea that may warrant the need for an oral appliance. Therefore, the request is non-certified.