

Case Number:	CM14-0017813		
Date Assigned:	04/16/2014	Date of Injury:	07/06/2011
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 47 year old female who was injured on 07/06/2011. She slipped and landed on her buttocks and onto her right shoulder. She experienced immediate pain in her tailbone and lower back areas. She continued to work but with pain and discomfort. Her diagnoses include low back pain, right shoulder pain, depression, anxiety, stress and sleeping problems. Prior treatment history has included injections, pain medications, physical therapy, and acupuncture. IM exam dated 03/20/2014 states the patient reports constant headaches. The patient reports being diagnosed with asthma at age 20. The patient denies any sleep apnea. The treating provider has requested a consultation with a board -certified sleep medicine doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOARD-CERTIFIED SLEEP MEDICINE DOCTOR CONSULTATION WITH MEDICAL REPORT (FOLLOW-UP CONSULTATION): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, 92.

Decision rationale: The MTUS ACOEM Guidelines state that "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The medical records provided do not establish the medical necessity of the requested referral. Per the guidelines, "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." There is no indication the patient requires the requested consultation. The patient denies sleep apnea and there are no objective clinical findings or observations that support the request. The medical necessity is not established. The requested service is not medically necessary.