MAXIMUS Federal Services

Case Number:	CM14-0127045		
Date Assigned:	08/13/2014	Date of Injury:	10/26/2004
Decision Date:	09/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada. 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 53 year old male who sustained an injury on 10/26/04 when his left leg was crushed after a forklift ran over it. The injured worker was left with severe postoperative neuropathic pain which had been managed with multiple medications. This has included the use of Oxycontin, Percocet, Valium, as well as MS Contin and Lunesta. There was a previous c-pap titration report from 11/18/11 which indicated evidence of obstructive sleep apnea with desaturation, snoring, and arousals present at pressures of 6cm of water to 13cm of water. At 14cm of water, residual obstructive sleep apnea and snoring was significantly reduced. The injured worker was noted to have tolerated c-pap treatment well. As of 06/17/14, the injured worker was reported to have been unable to exercise to any significant degree due to severe pain in the left lower extremity. The injured worker was recommended for a medical assistance weight loss program. The injured worker was noted to have substantial ambulation problems secondary to the injury which would have warranted the use of an electric wheelchair. The injured worker was also recommended for magnetic resonance image studies of the low back and right knee. The injured worker was still being recommended for a c-pap machine. The injured worker was also recommended for psychological treatment for chronic pain and depression. There was a recommendation for a diagnostic block of the left tibial nerve to determine if the injured worker would be a good prospect for a percutaneously placed tibial stimulator. The requested weight loss program, electric wheelchair, magnetic resonance image studies of the lumbar spine and right knee, as well as the diagnostic ultrasound tibial nerve block, sleep apnea test, and c-pap machine were all denied by utilization review on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical weight loss program: 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) Diabetes Chapter, Weight loss.

Decision rationale: In regards to the request for the injured worker's medical weight loss program, this service would not be recommended as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation submitted for review did recommend a weight loss program due to the injured worker's difficulty in performing exercises to lose weight. There was no documentation regarding failure of other dietary control methods to control the injured worker's weight or help reduce weight to include referrals to a dietician or dietician advice in meal planning. Without noted failure of other attempts to lose weight through meal plans and dietary education, it is this reviewer's opinion that medical necessity for this request would not be established.

Electric wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132. Decision based on Non-MTUS Citation Official Disability Guidelines (PMDs).

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

Decision rationale: In regards to the requested electric wheelchair, this reviewer would not have recommended this request as medically appropriate. Although the injured worker is noted to have had a substantial amount of injury to the left lower extremity which has altered his gait stance, an electric wheelchair would not be indicated per guidelines. Guidelines do recommend electric wheelchairs for injured workers who have difficulty manually propelling a standard wheelchair. As the injured worker does not have a wheelchair assessment in the provided documentation showing that he would be incapable of manually propelling a wheelchair, this reviewer would not recommend this request as medically appropriate.

MRI of Lumbosacral: 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: In regards to the request for magnetic resonance image (MRI) studies of the lumbar spine, the clinical documentation submitted for review did not identify any progressive or severe neurological deficits on physical examination. A majority of the injured worker's physical examinations are limited and difficult to interpret due to poor handwriting and copy quality. It does appear that the injured worker's peripheral neuropathic symptoms in the left lower extremity have been stable, although they are reported as severe. Without other indications for MRI studies of the lumbar spine, this reviewer would not recommend this request as medically indicated.

MRI of the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: In regards to the request for magnetic resonance image (MRI) studies of the right knee, this reviewer would not recommend this request as medically appropriate. There are no specific physical examination findings for the right knee to support imaging studies at this point in time. A majority of the injured worker's physical examinations provided were difficult to interpret due to handwriting and copy quality. No positive orthopedic testing was identified concerning possible internal derangement of the right knee that would warrant MRI studies per guidelines. Therefore, this reviewer would not recommend this request as medically appropriate.

Diagnostic ultrasonic tibial nerve block: 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 Other Medical Treatment Guideline or Medical Evidence: Mark S. Greenburg. Handbook of Neurosurgery, 7th ed, 2010.

Decision rationale: In regards to the request for diagnostic ultrasound tibial nerve blocks, this reviewer would have recommended this request as medically appropriate. The injured worker does have ongoing severe left lower extremity neuropathic complaints secondary to the injury in question. This has been somewhat managed with medications. The injured worker does appear to be a very good candidate for posterior percutaneous nerve stimulation. In order to determine whether the injured worker would reasonably benefit from this type of stimulation, a diagnostic tibial nerve block would be appropriate in order to determine the amount of pain improvement that would be obtained with peripheral nerve stimulation. Therefore, this reviewer would have recommended this request as medically necessary.

Sleep apnea test: Overturned

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

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

Decision rationale: In regards to the request for a sleep apnea test, this reviewer would have recommended this request as medically appropriate. The injured worker is noted to have a diagnosis of obstructive sleep apnea based on the previous c-pap titration report from 2011. It is unclear why the injured worker was never provided a c-pap machine given these findings. In this case, this reviewer would recommend a repeat sleep apnea test to determine what changes have occurred over the past 3 years as well as establishing what amount of positive airway pressure the injured worker would need in order to counteract his obstructive sleep apnea condition. Therefore, this reviewer would have recommended this request as medically appropriate.

CPAP machine: 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 Chapter, Polysomnogram.

Decision rationale: In regards to the request for a c-pap machine, this reviewer would not have recommended this request as medically appropriate at this point in time. The injured worker would reasonably require an updated sleep apnea test before being provided a c-pap machine. The injured worker does need updated titration of his obstructive sleep apnea before a c-pap machine could be provided. Therefore, this request would not be medically necessary at this point in time.