MAXIMUS Federal Services

Case Number:	CM14-0135260		
Date Assigned:	08/29/2014	Date of Injury:	10/01/2010
Decision Date:	12/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family 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 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:

This is a 68-year-old female patient who reported an industrial injury on 10/1/2010, over four (4) years ago, attributed to the performance of her usual and customary job duties. The patient was noted to have had an AME evaluation with recommendations for future medical care of oral anti-inflammatory and non-narcotic medications; follow-up with an orthopedic surgeon; possible lumbar epidural steroid injection; and lumbar spine decompressive surgical intervention. The patient complained of ongoing neck pain, arm pain, low back pain, and leg pain. The objective findings on examination included tenderness to palpation; muscle spasm; with decreased range of motion. The patient was evaluated by pain management and complained of persistent neck and low back pain. The patient reported having depression. The objective findings on examination only documented tenderness to palpation with decreased range of motion. The treatment plan included a psychiatric evaluation and treatment for symptoms of depression and a sleep study to address insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation and Treatmen: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 115-117; chronic pain chapter revised 2008 pages 224-26; Official Disability Guidelines (ODG) mental stress chapter-psychological evaluation; pain chapter, behavioral interventions, psychological treatment

Decision rationale: The request for authorization of an evaluation and treatment with a psychologist/psychiatrist without a rationale or mental status to support medical necessity is not supported with subjective/objective evidence. The consultation/referral is made for reported depression related to the cited diagnoses. There was no rationale supported by objective evidence by the requesting physician to support the medical necessity of psychiatric evaluation and treatment for years after the date of injury. There is no documented physical examination with a mental status evaluation or any documented objective findings consistent with depression for this patient. There is no demonstrated psychiatric injury or ongoing depression associated with chronic pain to the neck and back. There is no rationale by the treating physician to support medical necessity for a consultation or any treatment. The request for the psychiatric consultation and treatment is not supported by any objective evidence in the clinical documentation. The patient is four (4) years s/p DOI and has an AME opinion for the medically necessary future medical care. There was no recommendation by the AME for psychiatric evaluations are treatment. The treating physician failed to document any ongoing objective signs of depression or anxiety in the objective findings on examination. There is no documented mental status examination and not documented depression associated with chronic pain issues. There was no rationale or nexus for the stated "symptoms" in relation to the mechanism of injury. There is no prior documentation of anxieties or depression for this patient and there is no rationale for the apparent change in mental status. The request for a consultation and treatment with a psychiatrist was not supported with objective evidence is not demonstrated to be 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)

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

Decision rationale: The patient was referred for Sleep Testing for an evaluation and report for insomnia based on the patient reporting inability to sleep. There is no rationale or clinical documentation to support a sleep disorder for this patient as an effect of the cited industrial injury and the diagnoses provided by the treating physician. The prior medical records for this patient documented no evidence for a sleep disorder or obstructive sleep apnea in relation to the cited mechanism of injury. There are no AME recommendations for a sleep study in the provisions for future medical care. There are no currently documented findings on physical examination that would support the diagnosis of a sleep disorder. The patient was reported to have insomnia and a recommendation was made to "rule out" sleep apnea, a sleep disorder or

chronic obstructive sleep apnea. The request for a sleep study is ordered as a screening study to rule out obstructive sleep apnea for which there is no nexus to the cited mechanism of injury. It is not clear why the consultation was ordered without prior treatment over a recommended six (6) month period of time. The patient is alleged to have developed a sleep disorder; however, there are no objective findings on examination documented by the treating physician in the clinical documentation to support the treatment request. There are no documented objective findings of a sleep disorder and there has been no attempt at any form of sleep hygiene. The sleep disruption is speculative and subjective and not explained as related to industrial issues. There is no demonstrated medical necessity for the evaluation and treatment with a sleep study for the effects of the industrial injury. The sleep study consultation requested for the patient was not demonstrated to be medically necessary, as there were no sleep issues documented or treated for the recommended six (6) month period of time. There was no defined sleep disorder in relation to the effects of the industrial injury. The possible insomnia issues are not demonstrated to be directly or temporally related to the cited mechanism of injury, as there is no rationale or summary of treatment provided to date. There was no demonstrated medical necessity for the sleep study (polysomnogram) in relation to the DOI. There is no documented insomnia or sleep disorder in the clinical narrative submitted based on the evaluation to support the medical necessity of a sleep study. The presence of a sleep apnea would have no direct or temporal relation to cited mechanism of injury. There is no provided objective evidence to support the medical necessity for a sleep study for this patient in relation to the effects of the industrial injury. The patient has not been demonstrated to have insomnia for at least six (6) months and is not demonstrated to be unresponsive to the use of over the counter or prescribed sleep aids. The request for authorization is made prior to the documentation of any treatment for relief the stated insomnia. There is no provided medical documentation or objective findings that support the medical necessity of a sleep study in relation to the patient or the effects of the industrial injury.There is no evidence provided by the treating physician of any attempted treatment offered for the treatment of insomnia or any clinical issues related to the necessity of a sleep study. There is no documentation of conservative treatment for the shoulder issues, or how sleep apnea is related to the cited mechanism of injury. The medical necessity of a sleep study is not demonstrated to be medically necessary with objective medically based evidence. The criteria for the medical necessity of a sleep study, as recommended by the CA MTUS and the Official Disability Guidelines, have not been documented. The requesting provider did not provide any clinical documentation at all to support the medical necessity of the prescribed sleep study consultation with a sleep specialist. The request is made on a routine basis without objective evidence to support medical necessity. There was no demonstrated failure of conservative treatment or any of the available OTC sleep aids. The request for a sleep study and consultation is not demonstrated to be medically necessary.