

Case Number:	CM14-0154938		
Date Assigned:	09/24/2014	Date of Injury:	09/21/2007
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old female with date of injury of 09/20/2007. The listed diagnoses per [REDACTED] from 04/24/2014 are: 1. Chronic lumbar pain.2. Chronic cervical pain.3. Lumbar radiculopathy.4. Status post carpal tunnel release on the right from 2010.5. Depression and anxiety.6. Status post lumbar fusion from September 2010. According to this report, the patient complains of low back, neck and wrist pain. She remains symptomatic in all 3 areas. Medications provided have included Soma, Norco, and Diazepam for severe anxiety. The patient denies nausea, vomiting, constipation, over sedation, or epigastric pain due to medication use. The examination from the report 03/28/2014 showed tenderness to palpation over the paravertebral, trapezius, deltoid, and rhomboids area with moderate spasm. Tenderness over the paraspinal muscles was also noted. Axial compression and Spurling's are negative. Sensory examination is intact. The patient is unable to perform toe and heel walk. There is tenderness to palpation over the lumbar paravertebral area with moderate spasms noted with guarding. Tenderness noted over the bilateral sacroiliac joints. Straight leg raise was positive on the right at 60 degrees and positive on the left at 60 degrees. Examination of the knee shows no erythema, ecchymosis, healed incision, deformity over the bilateral knees. No tenderness or crepitus was noted. The Utilization Review denied the request on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 wheelchair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Wheelchair and Power mobility devices (PMDs)

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

Decision rationale: The patient presents with low back, neck, and right carpal tunnel pain. The treater is requesting a wheelchair. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG on wheelchair states that it is recommended if the patient requires and will use the wheelchair to move around in the residence and if it is prescribed by a physician. The 06/11/2014 AME notes that the patient uses a walker to ambulate. The patient has severe limitation of motion with moderate spasm and her low back is doing exceedingly poor. It appears that while the examination does not show any instability, the patient continues to present with mobility limitation requiring the use of a walker for ambulation and the request for a wheelchair is reasonable. The request is medically necessary.

1 shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Durable medical equipment (DME)

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

Decision rationale: The patient presents with low back, neck, and right carpal tunnel pain. The treater is requesting a shower chair. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under durable medical equipment recommend: 1. DME can withstand repeated use.2. Primarily and customarily use to serve a medical purpose.3. Generally not useful to a person in the absence of injury.4. Appropriate for use in the patient's home.The AME from 06/11/2014 notes that the patient has severe limitation of motion with moderate spasm in the low back. In the same report, the treater notes that the patient has sensory deficit in the right hand with loss of motion of the cervical spine. It was further noted that the treater needs home care. However, it is the treater's opinion that "she can do her own self hygiene." In this case, given the patient's significant impairment including difficulty with mobility, a shower chair is reasonable to aid the patient in her self-care routine. The request is medically necessary.

1 CPAP machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adult Obstructive Sleep Apnea task Force of

the American Academy of Sleep Medicine, Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009 Jun 15;5(3):263-76

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: ██████ Guidelines on obstructive sleep apnea in adults

Decision rationale: The patient presents with low back, neck, and right carpal tunnel pain. The treater is requesting a CPAP machine. The MTUS, ACOEM, and ODG Guidelines do not address this request. However, ██████ Guidelines on obstructive sleep apnea in adults states that ██████ considers CPAP or auto PAP medically necessary DME for members with a positive facility-based nocturnal polysomnography or with a positive home sleep test including type II, III, IV, or Watch-PAT devices as defined by either of the following criteria: 1. Apnea-hypopnea index or respiratory disturbance index is greater than or equal to 15 events/hour with a minimum of 30 events; or 2. AHI or RDI greater than or equal to 5 and less than 15 events/hour with a minimum of 10 events and at least one of the following is met. a. Documented history of stroke. b. Documented hypertension. c. Documented ischemic heart disease. d. Symptoms of impaired cognition, mood disorders, or insomnia. e. Excessive daytime sleepiness. f. Greater than 20 episodes of oxygen desaturation during a full night sleep study or any one episode of oxygen desaturation. The report making the request is missing to verify the rationale behind the request. None of the reports from 01/15/2013 to 06/11/2014 show a facility-based nocturnal polysomnography or a positive home sleep test. The treater does not discuss the patient's respiratory/breathing issues while sleeping. Given that the patient does not meet the required criteria by ██████ the request is not medically necessary.

1 pain management consultation: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with low back, neck, and right carpal tunnel pain. The treater is requesting a pain management consultation. The ACOEM Guidelines page 127 states the health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The Utilization Review denied the request stating, "There does not appear to be a medical need for further evaluation at this time." The 04/11/2014 AME notes that the patient is going to need pain management which may include a spinal cord stimulator or morphine pump. In this case, the patient continues to report persistent symptoms and the pain

management consultation is reasonable to address the patient's current symptoms. The request is medically necessary.

1 prescription of Soma 350mg #60: 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 carisoprodol (Soma) Page(s): 21.

Decision rationale: The patient presents with low back, neck, and right carpal tunnel pain. The treater is requesting Soma 350 mg, quantity #60. The MTUS Guidelines page 21 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance). The records show that the patient was prescribed Soma on 04/24/2014. In this case, MTUS does not support the long-term use of Soma. The request is not medically necessary.

1 prescription of Valium 10mg: 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 benzodiazepines Page(s): 24.

Decision rationale: The patient presents with low back, neck, and right carpal tunnel pain. The treater is requesting Valium 10 mg. The MTUS Guidelines page 24 on Benzodiazepines states, "not recommended for long-term use because long-term efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The records show that the patient was prescribed Valium on 02/25/2013. In this case, MTUS Guidelines do not support the long-term use of benzodiazepines and limits its use to 4 weeks. The request is not medically necessary.