

Case Number:	CM14-0164890		
Date Assigned:	10/09/2014	Date of Injury:	06/11/2013
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 11, 2013. The applicant, it is incidentally noted, had apparently alleged development of pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. Thus far, the applicant has been treated with the following: Analgesic medications; at last eight sessions of physical therapy, per the claims administrator, at least four sessions of chiropractic manipulative therapy; unspecified amounts of acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for three sessions of physical therapy, denied a home interferential unit, and denied a sleep medicine consultation. The applicant's attorney subsequently appealed. In a doctor's first report (DFR) dated August 25, 2014, the applicant reported persistent complaints of neck and low back pain. The applicant stated that he had initially been seen elsewhere and received eight sessions of occupational therapy, four sessions of manipulative therapy, and a short course of acupuncture. The applicant was transferring care to a new provider, it was acknowledged. Three sessions of physical therapy to provide instruction and demonstration of a home exercise program were sought, along with a home interferential unit. The applicant was returned to regular duty work. A sleep medicine consultation was also apparently sought. The applicant was status post an earlier shoulder surgery and also had comorbid diabetes and hypertension. Symptoms of depression and anxiety were noted in the review of systems section of the report, with associated mood swings and attendant difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 sessions (3x1) lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: While approval of this request does represent treatment slightly in excess of the "one to two visits" recommended in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5 for education, counseling, and evaluation of home exercise transition purposes, in this case, the applicant does seemingly have a variety of comorbidities, including psychological issues, diabetes, etc., which will likely result in the need for additional instructions slightly beyond ACOEM parameters. The applicant has responded favorably to earlier physical therapy treatment as evinced by his successful return to regular duty work and additional few sessions of treatment to facilitate transition to a home exercise program are indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The primary pain generator here is the low back. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of interferential therapy, the modality at issue here. The attending provider failed to furnish any compelling applicant-specific rationale which would augment the tepid-to-unfavorable ACOEM position on the article at issue. The admittedly limited information on file suggested that the applicant had responded favorably to earlier treatments, including conventional physical therapy. Therefore, the request for the home interferential unit, thus, is not indicated both owing to the tepid-to-unfavorable ACOEM position on the article at issue as well as owing to the attending provider's lack of supporting rationale. Therefore, the request is not medically necessary.

Sleep medicine 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): 92. Decision based on Non-MTUS Citation American

Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referrals may be appropriate when a practitioner is uncomfortable treating a particular cause of delayed recovery, in this case, the applicant's sleep disturbance is apparently a function of underlying psychopathology as opposed to a function of any bona fide sleep disorder such as narcolepsy or obstructive sleep apnea. As noted by the American Academy of Sleep Medicine (AASM), a sleep study and, by implication, the sleep consultation at issue here, will be of no benefit in establishing the presence of mental health-induced sleep disturbance. In this case, the applicant's issues with insomnia are seemingly a function of underlying psychopathology. Therefore, the request is not medically necessary.