

Case Number:	CM14-0029869		
Date Assigned:	07/18/2014	Date of Injury:	08/10/2013
Decision Date:	09/10/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Sports Medicine and is licensed to practice in New York and Texas. 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 46-year-old female who reported an injury on 08/10/2013. The mechanism of injury involved a fall. Current diagnoses include status post assault by a psychiatric patient with fall injury, post-traumatic stress disorder, prior work injury involving the cervical spine, back, left shoulder, and left knee, headaches, blurred vision, forgetfulness, memory problems, hearing difficulties, cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis, left shoulder pain, status post left shoulder arthroscopy on 09/11/2013, and sleep difficulties. The injured worker was evaluated on 02/14/2014. Physical examination on that date revealed normal cranial nerve examination, slight to moderate tenderness in the cervical spine, moderate tenderness with spasm in the paravertebral, trapezii, and inter-scapular area, limited cervical range of motion, moderate tenderness in the lumbar spine, moderate muscle spasm in the lumbar spine, limited lumbar range of motion, normal motor strength in the upper and lower extremities, and intact sensation. The injured worker scored a 17 on the Epworth sleepiness scale, performed on 01/22/2014. Treatment recommendations at that time included a polysomnogram sleep study to rule out obstructive sleep apnea, audiological testing, a psychiatric evaluation with treatment, a neurological follow up visit, and electrodiagnostic testing of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram 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 Chronic Pain Polysomnogram.

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

Decision rationale: Official Disability Guidelines state polysomnogram/sleep studies are recommended for a combination of indications such as excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder, and insomnia complaints for at least 6 months. Patients should prove unresponsive to behavior intervention and sedative/sleep-promoting medication and psychiatric etiology exclusion. As per the documentation submitted, the injured worker does not maintain any of the above-mentioned criteria. There is no documentation of an exclusion of behavioral interventions or sedative/sleep-promoting medication. The medical necessity for the requested study has not been established. Therefore, the request is not medically necessary.

Audiological testing with Electronystagmogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains hearing loss from a non-industrial congenital condition, and has utilized hearing aids for the last 15 years. The injured worker's physical examination revealed normal findings with respect to the cranial nerves and mental status. The medical necessity for the requested study has not been established. As such, the request is not medically necessary.

Audiological testing evoked potential: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains hearing loss from a non-industrial congenital condition, and has utilized hearing aids for the last 15 years. The injured worker's physical examination revealed normal findings with respect to the cranial nerves and mental status. The medical necessity for the requested study has not been established. As such, the request is not medically necessary.

Audiological testing visual evoked potential: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains hearing loss from a non-industrial congenital condition, and has utilized hearing aids for the last 15 years. The injured worker's physical examination revealed normal findings with respect to the cranial nerves and mental status. The medical necessity for the requested study has not been established. As such, the request is not medically necessary.

Audiological testing Otoacoustic emissions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains hearing loss from a non-industrial congenital condition, and has utilized hearing aids for the last 15 years. The injured worker's physical examination revealed normal findings with respect to the cranial nerves and mental status. The medical necessity for the requested study has not been established. As such, the request is not medically necessary.

Psychiatric evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's mental status examination was within normal limits. There was no documentation of a significant functional deficit. The medical necessity for the requested evaluation has not been established. Additionally, the current request for an evaluation and treatment cannot be determined as medically appropriate, as any treatment following an initial evaluation would require separate review. As such, the request is not medically necessary.

Neurological office visit for headache treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no mention of an attempt at any conservative treatment prior to the request for a neurological office visit. The injured worker's physical examination was within normal limits, with respect to the mental status and cranial nerve examination. The current request for an office visit with treatment cannot be determined as medically appropriate, as any treatment following an initial evaluation would require separate review. As such, the request is not medically necessary.

Abortive treatment for headache (not specified): 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): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment

plan. As per the documentation submitted, there is no mention of an attempt at any conservative treatment prior to the request for a neurological office visit. The injured worker's physical examination was within normal limits, with respect to the mental status and cranial nerve examination. The current request for an office visit with treatment cannot be determined as medically appropriate, as any treatment following an initial evaluation would require separate review. As such, the request is not medically necessary.

Sumatriptan (dose and quantity not specified.): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed>.

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

Decision rationale: Official Disability Guidelines state triptans are recommended for migraine sufferers. There is no dose, quantity, or frequency listed in the current request. Therefore, the request is not medically necessary.

EMG for bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker demonstrated intact sensation with normal deep tendon reflexes and 5/5 motor strength in the bilateral upper extremities. There was no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic testing at this time. As the medical necessity has not been established, the request is not medically necessary.

Nerve Conduction study Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker demonstrated intact sensation with normal deep tendon reflexes and 5/5 motor strength in the bilateral upper extremities. There was no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic testing at this time. As the medical necessity has not been established, the request is not medically necessary.

Nerve Conduction study left upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker demonstrated intact sensation with normal deep tendon reflexes and 5/5 motor strength in the bilateral upper extremities. There was no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic testing at this time. As the medical necessity has not been established, the request is not medically necessary.