MAXIMUS Federal Services

Case Number:	CM14-0033534		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2010
Decision Date:	09/29/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 is licensed to practice in Illinois. 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 48 year-old male who reported an injury on 06/24/2010. The injury reportedly occurred when the injured worker was in the bucket of a crane 60 feet in the air when the cable snapped causing the bucket to fall approximately 15 feet from the ground. The injured worker was bounced around the inside of the bucket and sustained various injuries. He was noted to have multiple diagnoses including closed head trauma with concussion syndrome, headaches with tinnitus, various orthopedic diagnoses, psychological sequelae possibly secondary to industrial injury. Past treatments included lumbar transforaminal epidural steroid injections and psychological treatment. Diagnostic studies included various x-rays, CT scans, and MRI of multiple body parts. On 10/22/2013, the injured worker complained of numerous symptoms in with pain in multiple body areas, as well as anxiety, depression, difficulty sleeping, stress, fear, anger, and social withdrawal. It was noted that he was being treated by a psychiatrist and he had been examined, medications were prescribed, and counseling was recommended. The physical examination findings included inability to stand or ambulate as he was in a wheelchair, tenderness to palpation of the cervical spine over the para-axial musculature with spasticity, and tenderness to palpation of the left shoulder. The injured worker's motor strength was 2/5 in both upper extremities. Medications were not provided within the medical record for this review. The treatment plan was for referrals to a neurologist, an internal medicine specialist, an ENT, urologist, psychiatrist, TMJ specialist, a general surgeon, and a sleep specialist. The rationale for the request was not provided. The request for authorization form for the review was submitted and signed on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to sleep specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter7 Independent Medical Examination and consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, Office visits.

Decision rationale: The request for a referral to a sleep specialist is not medically necessary. The injured worker was noted to have symptoms of anxiety, depression, difficulty sleeping, stress, fear, anger, and social withdrawal. It was noted that he was being treated by a psychiatrist for his psychological sequelae. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker was noted to have difficulty sleeping. However, it was also noted that he was being treated by a psychiatrist. Therefore, details are needed regarding whether the injured worker's sleep complaints have been addressed as a part of his psychological treatment in order to establish whether a consultation with a sleep specialist is appropriate based on the psychological assessment or lack of progress with treatment. As such the request is not medically necessary.