

Case Number:	CM14-0036405		
Date Assigned:	06/25/2014	Date of Injury:	01/25/2013
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 47-year-old female who reported an injury on 01/25/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 03/27/2014 is handwritten and largely illegible. The diagnoses indicated were neck sprain, tenosynovitis of hand and wrist, lesion of ulnar nerve, and lumbar sprain. The injured worker reported increased neck pain rated as severe, constant, sharp, numbness. She rated her pain 6/10. On physical examination of the right wrist, there was tenderness with forward extension of tendons, and decreased range of motion. Exam of the lumbar spine revealed tenderness with spasms. The injured worker reported fatigue, weight gain, sore muscles, joint pain, depression, stress and anxiety with difficulty sleeping and headaches. The injured worker's prior treatments included a home exercise program. The injured worker's medication regimen included Fexmid, Norco and Mobic. The provider submitted a request for 1 sleep study, 1 orthostim 4 unit and 8 chiropractic treatments. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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), Pain, Polysomnography.

Decision rationale: The request for 1 Sleep study is not medically necessary. The Official Disability Guidelines (ODG) recommend a sleep study after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The guidelines also state sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The guidelines indications for a sleep study are excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia, personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; & insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for transient insomnia, chronic insomnia, or that she had excessive daytime somnolence, muscular weakness brought on by excitement or emotions or that she had headache with other causes that have been ruled out. In addition, there was a lack of evidence of insomnia complaint for at least 6 months. There was not enough evidence of the injured worker being unresponsive to behavior intervention such as sedative sleep promoting medications and there was no indication that the injured worker had a psychiatric evaluation to rule out psychiatric etiology. Therefore, the request for 1 sleep study is not

1 Orthostim 4 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The request for 1 Orthostim 4 unit is not medically necessary. The California Chronic Pain Medical Treatment Guidelines states interferential Current Stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The NMES is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. There is not enough evidence

in the documentation provided that indicate the injured worker was participating in physical therapy or some form of conservative therapy. In addition, NMES is used primarily as a part of a rehab program for stroke victims. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for a stroke. Furthermore, the request did not indicate a body part for the orthostim 4 unit or a time frame. Additionally, there is not enough evidence that other appropriate modalities have been tried and failed. Therefore, the request for orthostim 4 unit is not medically necessary.

8 Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The request for 8 Chiropractic treatments is not medically necessary. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is not enough documentation of functional improvement and efficacy. In addition, there not enough of objective clinical findings or functional deficits in the documentation submitted. Additionally, the injured worker has had prior chiropractic treatments; however, the number of sessions was not provided to support additional sessions. Furthermore, the request did not specify a timeframe. Moreover, the request does not specify a body part. Therefore, the request for chiropractic treatment, 2 visits, is not medically necessary.