MAXIMUS Federal Services

Case Number:	CM14-0036525		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2012
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 33 year-old male with an 11/01/2012 date of injury. He was working an an air conditioning unit on a roof and fell off the roof to concrete. He had loss of consciousness, and was told at the [redacted] that he had fractured 7-8 ribs, nasal bones. Subsequently he was found to have punctured a lung, and developed an infection in the right lung. The antibiotics for the lung infection caused his pre-existing Crohn's disease to flare up. According to the 2/20/14 neurology report from [redacted], the diagnoses are: (1) left cranial nerve VI; (2) Crohn's disease; (3) multiple rib fractures; (4) nasal fracture needs surgery; (5) lumbar spine L3-5 fracture; (6) dental trauma; (7) posttraumatic stress disorder. [redacted] notes the patient presents with increased blurry vision, depression, mood swings, SOB, chest paink, low back pain, increased headaches, left scapula pain, right pain and back pain, difficulty sleeping, right chest wall pain, loose teeth, irritable, memory problems, stuttering, fatigue, vertigo, lightheadedness, disequilibrium. On 3/3/14 UR recommended against PT 3x6 for the lumbar spine and ribs; a polysomnogram; and CT cranial/facial. The patient had prior CT of the orbits and paranasal sinuses on 12/11/13, which were read as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 lumbar spine and ribs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9 of 127.

Decision rationale: The patient is a 33 year-old male with an 11/01/2012 date of injury. He was working an an air conditioning unit on a roof and fell off the roof to concrete. He had loss of consciousness, and was told at the [redacted] that he had fractured 7-8 ribs, nasal bones. Subsequently he was found to have punctured a lung, and developed an infection in the right lung. The antibiotics for the lung infection caused his pre-existing Crohn's disease to flare up. According to the 2/20/14 neurology report from [redacted] notes the patient presents with increased blurry vision, depression, mood swings, SOB, chest paink, low back pain, increased headaches, left scapula pain, right pain and back pain, difficulty sleeping, right chest wall pain, loose teeth, irritable, memory problems, stuttering, fatigue, vertigo, lightheadedness, disequilibrium. He requst PT 3x6 for the lumbar spine and ribs. The patient is not reported to have had any surgical procedures for the ribs or lumbar spine within the past 6-months, so the MTUS Chronic Pain Medical Treatment Guidelines apply. MTUS states 8-10 PT sessions are appropriate for various myalgias and neuralgias. The request for 18 sessions of PT will exceed the MTUS recommendations. Recommendation is for not medically necessary.

Polysomnogram (insomnia/difficulty sleeping): 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) web pain section: sleep studies-Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Pain chapter online for polysomnography.

Decision rationale: The patient is a 33 year-old male with an 11/01/2012 date of injury. He was working an an air conditioning unit on a roof and fell off the roof to concrete. He had loss of consciousness, and was told at the [redacted] that he had fractured 7-8 ribs, nasal bones. Subsequently he was found to have punctured a lung, and developed an infection in the right lung. The antibiotics for the lung infection caused his pre-existing Crohn's disease to flare up. According to the 2/20/14 neurology report from [redacted] notes the patient presents with increased blurry vision, depression, mood swings, SOB, chest paink, low back pain, increased headaches, left scapula pain, right pain and back pain, difficulty sleeping, right chest wall pain, loose teeth, irritable, memory problems, stuttering, fatigue, vertigo, lightheadedness, disequilibrium. [redacted] requsted polysomnography for insomnia/difficulty sleeping. MTUS/ACOEM did not discuss a polysomnogram, so ODG guidelines were consulted. ODG states this is: "Recommended 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 available records from [redacted] did not discuss whether the insomnia complaints were at least 4 nights a week, and there is no discussion

of any sedative or sleep-promoting medications, or discussion on response to behavioral intervention. There is a psychological evaluation from [redacted] that notes the patient is depressed and pessimistic about the future; but does not discuss any sleep issues. The available reporting does not show that the patient meets the ODG criteria for a polysomnogram. Recommendations is for not medically necessary.

CT cranial facial: 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) web head-CT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Head chapter online, for CT.

Decision rationale: The patient is a 33 year-old male with an 11/01/2012 date of injury. He was working an an air conditioning unit on a roof and fell off the roof to concrete. He had loss of consciousness, and was told at the [redacted] that he had fractured 7-8 ribs, nasal bones. Subsequently he was found to have punctured a lung, and developed an infection in the right lung. The antibiotics for the lung infection caused his pre-existing Crohn's disease to flare up. According to the 2/20/14 neurology report from [redacted] notes the patient presents with increased blurry vision, depression, mood swings, SOB, chest paink, low back pain, increased headaches, left scapula pain, right pain and back pain, difficulty sleeping, right chest wall pain, loose teeth, irritable, memory problems, stuttering, fatigue, vertigo, lightheadedness, disequilibrium. [redacted] requsted CT for the facial bones because the patient was apparently scheduled for rhinoplasty, repair of septal fracture on 2/28/14. The records show the patient had CT scans of the orbits and paranasal sinuses, as well as MRI of the brain on 12/11/13 which were read as normal. The CT of the paranasal sinuses included skull base, TMJs, tympanomastoids, frontal sinuses, ethmoids, maxillary antra, sphenoids and the nasal passage. There is no rationale provided for the updated CT scan, as fractures have already been ruled out. There is no mention of change in mental status since the prior CT scan. The request does not appear to be in accordance with the ODG guidelines. Recommendation is for denial.