MAXIMUS Federal Services

Case Number:	CM14-0057173		
Date Assigned:	07/09/2014	Date of Injury:	04/26/2011
Decision Date:	08/27/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 04/26/2011 due to a motor vehicle accident. The injured worker was diagnosed with depression, status post cervical decompression and fusion, status post right carpal tunnel release, right wrist pain, status post left carpal tunnel release, right shoulder status excision of lipoma mass, retained staple right shoulder, lumbar disc protrusion, low back pain, and radicular pain lower extremities/neuropathic pain. The injured worker underwent cervical decompression and fusion, right and left upper extremity carpal tunnel release, cervical laminectomy with rods, and right shoulder surgery. On 09/12/2011, the injured worker received an MRI of the lumbar spine. The injured worker has received physical therapy and massage therapy. On 10/30/2013 the injured worker reported significant lower back pain rated 8/10 which was getting worse. The injured worker reported medications were giving her functional improvement and some pain relief. The physician noted range of motion to the lumbar spine demonstrated flexion was limited to 20 degrees, extension was limited to 10 degrees, and rotation was limited to 20 degrees bilaterally. On 12/04/2013, the injured worker reported she was sleeping 2 hours at night. She reported some snoring but denied gasping for breath at night. The clinical note dated 03/19/2014 noted the injured worker had lumbar radicular pain on the right side greater than the left, sleep disturbance, depression, anxiety, and leg pain. The injured worker noted that the pain to the right leg has lasted 4 years and rated the pain at 9/10. She described the pain as constant and burning, and stated it was worse with bending forward and was better with no activity. During the office visit of 12/04/2013 the physician prescribed cyclobenzaprine, diclofenac, omeprazole, Ondansetron, tramadol ER, and Wellbutrin. The treatment plan included scheduling the injured worker for an L5-S1 interlaminar epidural steroid injection for her lumbar radiculopathy. For sleep disturbance the physician recommended liquid melatonin 2 mg at bedtime for her sleep disturbance. The

injured worker was to continue Wellbutrin 150 mg daily. The physician recommended a referral to a Functional Restoration Program for comprehensive pain management. The physician recommended a back brace for intermittent use as the injured worker's back brace was broken. The physician was requesting melatonin 2 mg at bedtime, a back brace for the injured worker, and a follow-up. The Request for Authorization Form was not provided for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 2mg q.h.s.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Stress, Insomnia.

Decision rationale: The Official Disability Guidelines note pharmacological agents for the treatment of insomnia should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The guidelines recommend improving sleep hygiene prior to utilizing pharmacologic agents. The injured worker reported only getting 2 hours of sleep per night. There is a lack of documentation indicating the injured worker attempted better sleep hygiene prior to utilizing medication. There is a lack of documentation indicating the injured worker has significant improvement in sleep with the medication. Additionally, the request does not indicate the quantity of the medication which is being requested in order to determine the necessity of the medication. As such, the request is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: The California MTUS/ACOEM Guidelines state lumbar supports have not been shown to have any lasting effect beyond the acute phase of symptom relief. The injured worker was complaining of pain to the low back region for duration of 4 years. This exceeds the acute phase of symptoms. The provider indicated the injured worker was previously utilizing a lumbar support; however, the requesting physician did not indicate the injured worker had significant objective functional improvement with the brace. Additionally, the requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

Follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines state office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors plays a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The physician continues to document improvement with the injured worker using the proper course of conservative care and medications. However, it is unclear when the injured worker was last seen by the physician and when the requested visit is to occur. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.