MAXIMUS Federal Services

Case Number:	CM14-0060204		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2012
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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 applicant is an employee of [redacted] has filed a claim for chronic neck pain and low back pain reportedly associated with an industrial injury of March 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, at least 12 sessions of physical therapy, chiropractic manipulative therapy, and acupuncture. Per the claims administrator and his attorney the applicant's care has been transferred to and from various providers in various specialties. In a Utilization Review Report dated April 4, 2014, the claims administrator approved a pain management evaluation, denied a psychiatry consultation, denied an internal medicine consultation and denied an evaluation with Rest Analysis. The claims administrator exclusively cited non-MTUS ODG Guidelines in its decision to deny several consultations. The applicant's attorney subsequently appealed. In an October 11, 2013 progress note, the applicant was described as having a variety of issues, both internal and orthopedic. The applicant reportedly had history of hypertension and dyslipidemia, it was stated, but denied diabetes or smoking. The applicant was using aspirin, Prempro, naproxen, and omeprazole.The applicant was a former smoker, it was suggested to him to start Maxzide for hypertension, make lifestyle modifications to ameliorate obesity, and obtain a nuclear medicine stress test. The applicant's BMI was reported at 31.On February 24, 2014, the applicant presented with multifocal neck, shoulder, and low back pain complaints. It was stated that the applicant had history of coronary artery disease, apparently treated medically. The applicant was status post shoulder surgery, it was further noted that applicant was having issues with headaches, neck pain, and wrist pain. The applicant was depressed, it was further noted, that he was having difficulty sleeping. The applicant had not worked since 2012. It was not clear whether this was a functional medical issues or mental

health issues. The attending provider sought authorization for a psychiatry referral to address the applicant's complaints of stress, anxiety, and depression, all of which the attending provider imputed to the initial injury. The attending provider suggested that the applicant obtain the added expertise of an internist for her coronary artery disease and hypertension, which the attending provider indicated it has been aggravated as a result of the industrial injury. Authorization for a referral to Rest Analysis was sought for an evaluation of the applicant's sleep issues and sleep difficulties secondary to pain and depression. The applicant's work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 388, if an applicant's symptoms become disabling despite primary care interventions or persist beyond three months, referral to mental health professional is indicated. In this case, the applicant is off of work, although this may be a function of the applicant's medical issues as opposed to her mental health issues. Nevertheless, significant complaints of stress, anxiety, depression, and insomnia persist. Obtaining the added expertise of a psychiatrist is therefore indicated. Accordingly, the request is medically necessary.

Internal medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 52.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 52, referrals may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the attending provider has posited that one of the causes of delayed recovery here is the applicant's underlying issues with hypertension and coronary artery disease. The applicant's new primary treating provider is an orthopedist who is apparently unwilling or not qualified to address the applicant's issues of coronary artery disease and/or hypertension. Obtaining the added expertise of an internist to evaluate the same is indicated. Therefore, the request is medically necessary.

Evaluation with rest analysis: 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 American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: In his progress note of February 24, 2014, the attending provider posited that this request represented a request for consultation and evaluation with a sleep specialist to consider a sleep study. The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), however, polysomnography is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant's ongoing issues with insomnia do purportedly represent a function of depression, anxiety, and chronic pain. A sleep study, per AASM, is intended to evaluate a bona fide sleep disorder such as sleep apnea. A sleep study would be of no benefit in establishing the presence of pain-induced or mental health-induced insomnia, as appears to be present here. A sleep study and/or evaluation with Rest Analysis, is a facility that specializes in sleep disorders, it would be of no benefit in establishing the presence or absence of pain-induced insomnia or mental stress induced insomnia, both of which appear to be present here. Therefore, the request is not medically necessary.