

<b>Case Number:</b>	CM14-0071474		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 patient is a 76 year-old male who was injured on 03/12/2013 when he slipped and fell on lighter fluid that spilled onto the floor. Prior treatment history has included physical therapy, home exercise program and acupuncture therapy has provided limited improvement. Prior medication history included Hydrocodone and Celebrex (No VAS has been provided neither is there documented evidence of efficacy of the medications). There are no diagnostic studies available for review. Initial pain management consult dated 05/12/2014 documented the patient to have complaints of moderate to severe low back pain associated with muscle spasms and progressive limited range of motion to the lumbar spine. He rated his pain as an 8/10 most of the time with flare-ups reaching to 9/10. He reported the pain interrupts his sleeping habits. He experiences pain in the left leg with numbness and tingling as well as weakness increasing in severity and intensity. Objective findings on exam revealed weakness along with numbness and tingling in the left leg. Lumbar paraspinal muscles are tender to palpation with severe guarding associated with reproduction of pain at an 8/10. The lumbar spine revealed forward flexion to 70 degrees; extension to 20 degrees; right lateral flexion to 30 degrees; left lateral flexion to 30 degrees; right rotation to 35 degrees; and left rotation to 35 degrees. Straight leg raise is severely positive left leg at 25 degrees with shooting pain. Motor strength is 4/5 in quadriceps, hamstrings, gastroc soleus, and ankle dorsiflexors. Diagnoses are lumbar musculoligamentous injury and lumbar paraspinal muscle spasms. He does have a diagnosis of sleep apnea as noted on progress report dated 06/09/2014 and is utilizing a CPAP machine. On progress note dated 06/09/2014, the patient suffers from severe sacroiliac joint inflammation with signs and symptoms of radiculitis to the posterior and lateral aspect of thigh. Gaenslen's test and Patrick Fabre test were positive, SI joint thrust demonstrated severely positive. Prior utilization review

dated 04/10/2014 states the requests for Sleep Study; Toxicology Urine Drug Screen; and Surgical Consultation are not medical necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**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 and <http://sleepfoundation.org/sleep-topics/sleep-studies>.

**Decision rationale:** ODG guidelines recommend sleep study (polysomnography) after at least 6 months of a complaint of insomnia. In this case a sleep study is requested for a 76 year-old male injured on 3/12/13 with chronic low back pain. However, there is no discussion provided of the patient's sleep-related complaints. No specific rationale is provided for the sleep study. The patient had the sleep study in April 2014, which apparently showed moderate to obstructive sleep apnea, but prior evaluation and treatment for a sleep disorder are not provided. The sleep study report is not provided. Medical necessity is not established at this time.

**Toxicology Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine Drug Testing.

**Decision rationale:** MTUS and ODG guidelines recommend urine drug testing for patients taking opioids with frequency of testing dependent on risk of abuse or aberrant behavior. In this case the patient is prescribed opioids. However, there is no discussion or record of prior urine drug testing. There is no discussion of risk of abuse or aberrant behavior. Medical necessity is not established.

**Surgical Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

**Decision rationale:** According to MTUS guidelines, physicians may refer to specialists when the diagnosis is complex or when care may benefit from additional expertise. In this surgical consultation is requested. However, no rationale is provided. No supporting diagnostic studies are provided. History and examination findings do not support the need for surgical consultation at this time. Medical necessity is not established.