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| Case Number: | CM14-0077069 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 09/19/2010 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 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 injured worker is a 60-year-old male who reported an injury of unknown mechanism on 09/19/2010. On 04/02/2014, his diagnoses included occasional right cervical radiculopathy, early myelopathy, cervical stenosis at C2-7, cervical facet arthropathy C3-7 and diabetes mellitus. His complaints included neck pain rated 5/10. There was evidence of tenderness in the paracervical muscles and tenderness over the base of the neck. The injured worker was being referred for a pain management consultation. The rationale for the referral to the internist was to follow this injured worker's hypertension. There was no rationale for the referral to the sleep disorder specialist. On 02/27/2014, it was noted that an echocardiogram revealed diastolic dysfunction which was caused by high blood pressure. It was noted that this injured worker had a current treating physician for his hypertensive condition. He was noted to have occasional ankle swelling with no clinical features to substantiate congestive heart failure, angina or peripheral vascular disease. He had no lower extremity edema and had a normal EKG and rhythm strip. On 02/28/2014 he was seen by an internist. It was noted that his sleep had been disturbed since his reported injury. A Request for Authorization dated 04/02/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to sleep study specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine; standards for Accreditation of Out of Center Sleep Testing

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

Decision rationale: The request for a Referral to sleep study specialist is not medically necessary. The Official Disability Guidelines recommends polysomnography after at least 6 months of an insomnia complaint of at least 4 nights a week, which had been unresponsive to behavior intervention and sedatives/sleep promoting medications, and after psychiatric etiology had been excluded. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. There was no evidence in the submitted documentation that this worker had been involved in any behavior intervention therapy or had been taking any sedative or sleep promoting medications. The need for the referral to a sleep specialist had not been clearly demonstrated in the submitted documentation. Therefore, this request for Referral to sleep study specialist is not medically necessary.

Referral to an internist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for a Referral to an internist is not medically necessary. The California ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. It was noted in the submitted documentation that this injured worker had seen an internist on 02/28/2014. There was no rationale or justification for a separate referral to an internist. His cardiovascular status was evaluated and well documented. The need for a second referral to an internist was not clearly demonstrated in the submitted documentation. Therefore, this request for a Referral to an internist is not medically necessary.