

Case Number:	CM14-0081206		
Date Assigned:	07/18/2014	Date of Injury:	04/30/2009
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Pain Management 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 59-year-old female who reported injury on 04/30/2009 caused by unspecified mechanism. The injured worker sustained injuries to her lumbar spine while at work. The injured worker's treatment history included MRI of the lumbar spine, urine drug screen, sacroiliac joint injections, lumbar epidural steroid injections, posterior lumbar decompression and stabilization, medications and x-rays. The injured worker was evaluated on 05/05/2014, and it was documented the injured worker complained of low back pain. She was status post lumbar spine surgery in 08/2012 and was still recovering. She stated she was having trouble sleeping and was more depressed lately. The provider noted the injured worker was quite deconditioned from her injuries, and her recovery has been slow, and she states her pain was something she can live with, but she cannot return to work. The provider noted this was a subjective pain issue, and would have to refer her to a pain specialist from a surgical standpoint. Provider noted he was ready to consider her Permanent and Stationary with future medical allowable. Objective findings: AP, lateral and flexion/extension x-rays of the lumbar spine were done in the office today, and gone over with the injured worker in detail. These reveal bone grafts and instrumentation intact without significant migration or loosening. The grafts have been consolidated. Medications included Vicodin, Theramine, Neurontin, Trepadone, Sentra PM, and Zanaflex. Diagnoses included stenosis lumbar spine, spondylosis lumbar spine, and DDD lumbar spine. Request for Authorization dated 05/05/2014 was for sleep study and home helper 4 hours a day once a week; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Qty 1: 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) Pain (Chronic) Polysomnography.

Decision rationale: The requested sleep study is not medically necessary. Per Official Disability Guidelines (ODG) state that sleep studies are 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. The provider failed to indicate how long injured worker has been suffering from insomnia. As such, the request for sleep study is not medically necessary.

Home helper 4 hours x1 week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documents provided on 05/05/2014 lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. Given the above, the request for home helper 4 hours X 1 week is not medically necessary.