

Case Number:	CM14-0088512		
Date Assigned:	07/23/2014	Date of Injury:	01/15/1998
Decision Date:	08/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 61 year old female who was injured on 01/15/1998. The mechanism of injury is unknown. Progress report dated 04/08/2014 documented the patient presented for follow-up. Her exam revealed cervical paraspinal muscles and trapezius muscles exhibit muscle spasm with trigger points on examination. Allodynia is noted in the right shoulder and right upper extremity. There was evidence of right ulnar brachioradialis. The right elbow is wrapped in a simple splint to protect her elbow. She was recommended for a sleep study with no mention of sleep difficulty. The study is to rule out obstructive sleep apnea versus central sleep apnea. Progress report dated 05/20/2014 indicates the patient complained of right upper extremity pain secondary to complex regional pain syndrome. She was prescribed a Medrol Dosepak which she stated was helpful in reducing her pain temporarily. She stated her right upper extremity pain is shooting in nature and constant and varies from 5/10 to 9/10. Objective findings on exam revealed range of motion of the cervical spine is decreased in all directions and there is evidence of a mild head tilt to the right. cervical paraspinal muscles and trapezius muscles exhibit muscle spasm with trigger points on examination. Diagnoses are cervical pain/dysyonia/muscle spasm, right upper extremity CRPS/C5-6 radiculopathy, and cervicogenic headaches with migraines. Prior utilization review dated 05/16/2014 states the request for Medrol Dosepak and Sleep Study is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Pain, Low Back, Oral corticosteroids.

Decision rationale: According to ODG guidelines, oral corticosteroids are, Not recommended. The limited available research evidence indicates that oral steroids do not appear to be an effective treatment for patients with back problems. Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. In this case a request is made for Medrol dose pack in April 2014 for a pain flare-up of right upper extremity CRPS in a 61-year-old female injured on 1/15/98 with chronic bilateral upper extremity pain, neck pain status post C4-6 cervical fusion 12/3/01, CRPS, depression, anxiety, pain disorder and insomnia. However, oral corticosteroids are not recommended for chronic pain. Further, while the patient reported an increase in arm pain, few symptomatic details are provided. There was no change in physical examination. In addition it is not clear that the patient has radicular pain as symptoms are not clearly corroborated by examination or diagnostics. The request is not medically necessary.

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-9th Edition.

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

Decision rationale: According to the ODG guidelines, polysomnography is 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. In this case a request is made for a sleep study to rule out obstructive versus central sleep apnea with chronic bilateral upper extremity pain, neck pain status post C4-6 cervical fusion 12/3/01, CRPS, depression, anxiety, pain disorder and insomnia. However, sleep study (polysomnography) is not recommended for routine evaluation of insomnia with psychiatric disorders. QME on 4/29/13 recommended an evaluation with a sleep specialist but felt that a sleep study was not warranted as the patient's insomnia is mostly likely related to chronic pain and depression. The patient apparently has been referred to a sleep program. Details are not provided with regard to why obstructive or central sleep apnea is felt to be the cause of insomnia. The request is not medically necessary.

