

Case Number:	CM13-0039851		
Date Assigned:	04/25/2014	Date of Injury:	10/26/2010
Decision Date:	01/02/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This 53-year old female sustained injury on 10/26/10, after a fall, while working at a delicatessen. She received injury to her neck, back, right shoulder and right upper extremity. Currently she complains of achy, burning neck pain radiating to the right arm, right sided stabbing low back pain that does not radiate and right shoulder pain. The pain intensity in above areas is 8/10. She has difficulty sleeping and her daily activities are compromised. On 4/24/13 documentation revealed she received epidural steroid injections X2 with the first injection effective for pain relief for a short period of time and the second had no significant improvement in symptoms. Physical exam dated 5/16/13 revealed abnormal range of motion in cervical spine with paracervical muscle spasm and tenderness. In addition there is right sided tenderness over the superior border of the trapezius muscle and over the acromioclavicular joint area. The shoulders have abnormal range of motion with decreased sensation to light touch over the right C6, C7 and C8 dermatomes. The lumbosacral spine range of motion is abnormal with significant right sided tenderness over the L3-4, L4-5 and L5-S1 facet area. Straight leg raising is positive on the right side. Motor strength is 5/5 in both lower extremities with grossly intact sensation in both lower extremities. Deep tendon reflexes are 2+ at level of both biceps and patella. Diagnoses include cervical and lumbar sprain/strain, neck pain with right upper extremity radicular symptoms, right shoulder pain rule out internal derangement, persistent axial lower back pain more right sided rule out facet arthropathy. Also MRI findings reveal annular tears from C3-4 to C6-7 and disk protrusions at C3-4, C4-5, C5-6 and C6-7. In addition annular tear was at L4--5. Medications include Anaprox, Protonic, Flexaril and Lorcet Plus. As of 5/24/13 the injured worker is working as a delicatessen worker full-time with no work restrictions. She was evaluated by psychiatry on 5/24/13 for significant emotional stress related to trying to recover from her work-related injuries. On 6/27/13 a pain pump was requested and on 7/29/13 right shoulder arthroscopy

was requested. On 9/10/13 Utilization Review non-certified a request for a board certified sleep medicine doctor consult based on lack of documentation reflecting complaints of excessive daytime sleepiness, fatigue or awakening with gasping or choking or complaints of snoring. There was no a clinical complaint or objective data to support a concern for sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOARD-CERTIFIED SLEEP MEDICINE DOCTOR CONSULT, PHYSICIAN ADVISOR FOR MEDICAL NECESSITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation submitted for review indicates that the injured worker had trouble sleeping, and felt tired and fatigued. Per psychological comprehensive medical legal evaluation dated 5/24/13, the injured worker scored 23 on the Epworth Sleepiness Scale, per the documentation: This self report instrument measures patient sleep problems. A score equal to or above 10 indicates significant trouble with dozing and suggests referral to a sleep specialist. I respectfully disagree with the UR physician's assertion that the documentation did not contain clinical complaints or objective data supporting a concern for sleep apnea. It appears the requested referral was made regarding insomnia and not obstructive sleep apnea. The request is medically necessary.