

Case Number:	CM14-0185987		
Date Assigned:	01/27/2015	Date of Injury:	03/15/2013
Decision Date:	04/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Psychiatry

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 48-year-old female who reported a repetitive strain injury on 03/15/2013. The current diagnoses include anxiety, chronic severe headache, insomnia, cervical enthesopathy, cervical myospasm, cervical radiculitis, right shoulder subdeltoid bursitis, right shoulder enthesopathy, right elbow medial epicondylitis, right carpal tunnel syndrome, right wrist/hand tenosynovitis and posterior communicating artery aneurysm. The latest physician progress report submitted for review is documented on 09/03/2014. The injured worker presented for a comprehensive medicolegal evaluation. The injured worker presented with complaints of continuous headaches, continuous right shoulder pain, right elbow and wrist pain, psychiatric complaints and insomnia. Upon examination there was 3+ tenderness to the palpation of the head; 3+ tenderness to palpation to the cervical spine; limited range of motion of the cervical spine, positive cervical distraction and compression tests; limited range of motion of the right shoulder; 3+ tenderness to palpation at inflammation over the right shoulder; muscle spasm on extension and abduction; positive impingement sign; 3+ tenderness over the bilateral elbows; diminished right elbow range of motion; positive reverse Mill's and Tinel's signs; 3+ tenderness over the bilateral wrists and hands; inflammation over the carpal bone on the right; limited range of motion of the right wrist; positive Durkan's compression and Finkelstein's tests; moderate loss of sensation in the C5-T1 dermatomes on the right; 4/5 motor weakness and diminished deep tendon reflexes on the right. Recommendations at that time included physical therapy acupuncture, durable medical equipment, x-rays and an MRI of the cervical spine, MRI of the right upper extremity, CT scan of the brain, electrodiagnostic studies of the upper

extremities, psychological and pain management evaluation, internal medicine evaluation for insomnia, neurological evaluation for headaches and a Functional Capacity Evaluation. There was no Request for Authorization form submitted for this review.

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 consultation with medical report (initial consultation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, the ODG, Pain Chapter and AMA Guides 5th Ed., Sleep disorder pages 3-17.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Polysomnography.

Decision rationale: California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. Although it is noted that the injured worker maintains a diagnosis of insomnia, there was no documentation of an attempt at conservative management prior to the request for a specialty referral. There is no indication that this injured worker has reported insomnia complaints for at least 6 months. There is also no indication that this injured worker has been unresponsive to behavioral interventions. The injured worker has multiple psychiatric complaints. There is no indication that this injured worker's insomnia complaints have been excluded by psychiatric etiology or sleep promoting medications. As the medical necessity has not been established in this case, the request is not medically appropriate at this time.