

Case Number:	CM14-0071921		
Date Assigned:	07/16/2014	Date of Injury:	10/08/2010
Decision Date:	01/06/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 California, has a subspecialty in Physical Medicine & Rehabilitation and is licensed to practice in Interventional Spine. 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 48 year old female with an injury date on 10/08/2010. Based on the 08/10/2013 hand written progress report provided by the treating physician, the diagnoses are: 1. Lumbosacral sprain/strain, rvd syndrome, left TMJ disorder cephalgia2. S/P left shoulder arthroscopy, biceps rotator cuff repair.3. Cervicothoracic sprain/strain with spondylosis, pain syndrome w/b4. Psyche factors medical condition. According to this report, the patient complains of "continuing left neck/trapezius, facial, arm, back and leg pain. Depression and stressful situation can set her off easily." Physical exam reveals "exquisite left TMJ, pterygoid, masseter pain/spasm." The 07 03/2014 report indicates mild-to-moderate tenderness over the cervical/lumbar paraspinal musculature, bilateral TMJ and temple area. Range of motion of the cervical spine is 70 to 80% of the normal range. Range of motion of the lumbar spine is 50 to 70% of the normal range. There were no other significant findings noted on this report. The utilization review denied the request for Periodontal Referral, Internal Medicine Consult, Dentist consult and sleep study on 04/18/2014 based on the ACOEM/ODG guidelines. The requesting physician provided treatment reports from 02/20/2013 to 08/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodontal Referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7

Decision rationale: According to the 08/10/2013 report, this patient presents with"continuing left neck/trapezius, facial, arm, back and leg pain. The current request is for Periodontal referral but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 08/10/13 and the utilization review letter in question is from 04/18/2014. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treating physician did not documented that the patient had dental or gum issue and needed a Periodontal referral. The requested referral is not medically necessary.

Internal Medicine Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7,

Decision rationale: According to the 08/10/2013 report, this patient presents with"continuing left neck/trapezius, facial, arm, back and leg pain. The current request is for Internal medicine consult but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 08/10/13 and the utilization review letter in question is from 04/18/2014. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case the patient presents with neck, arm, back and leg pain for more than 14 years. The requested consultation with an internist appears reasonable and medically necessary.

Dentist Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7,

Decision rationale: According to the 08/10/2013 report, this patient presents with "continuing left neck/trapezius, facial, arm, back and leg pain. The current request is for Dentist consult but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 08/10/13 and the utilization review letter in question is from 04/18/2014. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treating physician did not documented that the patient had dental or gum issue and needed a Dental consult. The requested consultation is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Effective July 18, 2009.

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

Decision rationale: According to the 08/10/2013 report, this patient presents with "continuing left neck/trapezius, facial, arm, back and leg pain. The current request is for sleep study but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 08/10/13 and the utilization review letter in question is from 04/18/2014. The MTUS and ACOEM Guidelines do not address sleep study; therefore, ODG Guidelines are used. ODG states sleep studies are recommended when there indications of (1) Excessive daytime somnolence; (2) Cataplexy; (3) Morning headache; (4) Intellectual deterioration; (5) Personality change; & (6) Insomnia complaint for at least six months." Review of records does not show that the patient had insomnia for at least 6months. There is no documentation of excessive daytime somnolence, cataplexy, morning HA's, intellectual deterioration or personality changes. In this case, the treating physician failed to document the indications as required by the guidelines. The request is not medically necessary.