

<b>Case Number:</b>	CM15-0004992		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 50 year old female who sustained an industrial injury on 05/09/2011. The injured worker complains of a work related ongoing injury. Diagnoses include lumbar facet degenerative joint disease, multilevel low back pain with right lower extremity L5 lumbar radiculitis, and right thoracic, left lumbar scoliosis. A physician progress note dated 12/11/2014 documents the injured worker complains of back pain, right hip pain, right leg pain, right knee and ankle pain. Pain is causing swelling, stiffness, stabbing, weakness and tenderness and is rated as a 10 on a scale of 1-10. Her right knee is positive for patellofemoral joint line tenderness. Her gait is antalgic because of low back and right lower extremity pain. The lumbar spine range of motion is limited. Fabere is positive on the right and left. Documented treatment that is present has included medication, and physical therapy. The treating provider is requesting a consult and treatment, Internal Medicine Consult, and sleep study evaluation with sleep study. On 12/09/2014 the Utilization Review non-certified the request for a consult and treatment citing Utilization Review, on 12/09/2014 non-certified the request for Consult and Treatment and Internal Medicine Consult citing Official Disability Guidelines, Treatment in Worker's Comp. On 12/09/2014 Utilization Review non-certified the request for sleep study citing Official Disability Guidelines, Treatment in Worker's Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary-Evaluation and Management (E&M)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach : (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There no rational behind requesting a consultation and treatment visits. The consultation may not recommend a treatment or may recommend a treatment with another specialist. The provider have to document the reasons for the consultation, the goals and objective of these visits. Therefore, the request is not medically necessary.

**Internal Medicine Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary-Evaluation and Management (E&M)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain

symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." The provider did not document lack of pain and functional improvement or a systemic condition that require an Internal Medicine visit . The requesting physician did not provide a documentation supporting the medical necessity for an Internal Medicine consultation. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for the patient pain. Therefore the request for Internal Medicine consult is not medically necessary.

### **Sleep Study Evaluation with Sleep Study: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary-Criteria for Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Polysomnography, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

**Decision rationale:** According to ODG guidelines, a sleep study 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. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) Unattended / portable / in home sleep studies are not recommended because there is a lack of scientific evidence supporting their effectiveness. Criteria for Polysomnography: In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." In summary, and according to ODG guidelines, sleep studies are recommended after at least 6 months of insomnia unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is not clear from the patient file, that the above therapies were tried before requesting a sleep study. There is no recent

documentation of sleep dysfunction. Therefore, the requested for Sleep study is not medically necessary.