MAXIMUS Federal Services

Case Number:	CM15-0104262		
Date Assigned:	06/08/2015	Date of Injury:	10/09/2012
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 43-year-old male, who sustained an industrial injury on 10/9/12. The injured worker has complaints of low back pain. Lumbar spine examination noted palpable paravertebral muscle tenderness with spasm and seated nerve root test is positive. The documentation noted that he injured worker has anxiety, depression and moodiness. The documentation noted that range of motion for standing flexion and extension are guarded and restricted. The diagnoses have included lumbosacral neuritis not otherwise specified. Treatment to date has included physical therapy; narcotics; anti-inflammatory; muscle relaxers; corticosteroids; X-rays; magnetic resonance imaging (MRI) and electromyography/nerve conduction study. The request was for sleep specialist evaluation and internist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Specialist Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Polysomnogram Study.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Sleep Specialist Evaluation is not medically necessary. 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 routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. The criteria are enumerated in the Official Disability Guidelines. Polysomnography is recommended for the following combination of indications: excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; sleep-related breathing disorder; insomnia complaint at least six months (at least four nights a week), etc. The injured worker does not have cataplexy, morning headaches (specifically) with other causes ruled out; intellectual deterioration (some, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass for known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder; insomnia complaint for at least six months (at least four nights of the week, unresponsive to behavior intervention and sedative/sleep promoting medications and a psychiatric etiology has been excluded. A sleep study with the sole complaint of snoring is not recommended. In this case, the injured worker's working diagnosis is lumbosacral neuritis NOS. date of injury is October 9, 2012. The request for authorization is dated April 28, 2015. There is one progress note in the medical record dated April 22, 2015. Subjectively, the injured worker has complaints of low back pain that radiates to the lower extremity. There is no complaint of sleep difficulties, insomnia or daytime somnolence. There is no discussion or documentation of a sleep disorder in the subjective section of the medical record. The treatment plan recommends a sleep study. However, there was no clinical indication or rationale in the medical record for a sleep study (sleep specialist evaluation). Consequently, absent clinical documentation with a clinical indication or rationale for a sleep study, Sleep Specialist Evaluation is not medically necessary.

Internist Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, Internist Evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for

certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis is lumbosacral neuritis NOS. date of injury is October 9, 2012. The request for authorization is dated April 28, 2015. There is one progress note in the medical record dated April 22, 2015. Subjectively, the injured worker has complaints of low back pain that radiates to the lower extremity. There are no gastrointestinal subjective symptoms or complaints documented in medical record. Objectively, there is no abdominal examination. There were no subjective or objective clinical indications of a gastrointestinal event in the medical record. There is no clinical indication or rationale for an internal medicine/internist evaluation for gastrointestinal symptoms and or signs. Consequently, absent clinical documentation with the clinical indication and rationale with documentation of gastrointestinal symptoms and signs, Internist Evaluation is not medically necessary.