

Case Number:	CM15-0106373		
Date Assigned:	06/10/2015	Date of Injury:	01/19/2011
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic neck, shoulder, and elbow pain with derivative complaints of sleep disturbance reportedly associated with an industrial injury of January 19, 2011. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve requests for sleep study and CT imaging of the abdomen and pelvis. The claims administrator did, however, apparently approve a 2D echocardiogram. The claims administrator referenced a RFA form dated April 9, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent progress note on file was dated June 19, 2014; thus, the April 2015 RFA form made available to the claims administrator was not seemingly incorporated into the IMR packet. A historical progress note dated June 12, 2014 suggested that the applicant had ongoing issues with knee, shoulder, elbow, wrist, and hand pain with derivative complaints of psychological stress, anxiety, and depression. The applicant was nevertheless working with a rather proscriptive 10-pound lifting limitation in place, it was acknowledged. The applicant did have ancillary complaints of sleep disturbance, it was reported. The applicant was using Norco for pain relief as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rosenthal LD, Dolan DC. The Epworth Sleepiness Scale in The ID of Obstructive Sleep Apnea.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008;4 (5):487-504. Polysomnography and daytime multiple sleep latency testing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

Decision rationale: No, the request for a sleep study was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, the historical progress notes on file suggested that the applicant did in fact have issues with depression, anxiety, chronic pain, and attendant symptoms of insomnia. A sleep study would be of no benefit in establishing the presence of depression-induced or pain-induced insomnia, per AASM. Therefore, the request was not medically necessary.

CT ABD to Localize and Assess IVC Filter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications for Vena Cava Filters for Recurrent DVT. Am Fam Physician. 2003 Feb 1; 67 (3): 593.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amended 2014 (Resolution 39) ACR SPR PRACTICE PARAMETER FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY (CT) OF THE ABDOMEN AND COMPUTED TOMOGRAPHY (CT) OF THE PELVIS. II. A. INDICATIONS AND CONTRAINDICATIONS Indications for abdominal CT or pelvic CT examinations include, but are not limited to: 15. Guidance for interventional or therapeutic procedures within the abdomen or pelvis [43-45].

Decision rationale: Similarly, the request for a CT of the abdomen to localize and assess an inferior vena cava filter was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American College of Radiology (ACR) does acknowledge that one of the indications for pursuit of CT imaging of the abdomen and/or pelvis include guidance for interventional or therapeutic procedures within the abdomen or pelvis, here, however, the April 2015 progress note and/or RFA form in which the article in question was proposed was not incorporated into the IMR packet. There was no mention of the applicant's actively considering or contemplating any kind of surgical procedure or interventional procedure involving the inferior vena cava filter in question. It was not stated, for instance, that the applicant was considering removal of the inferior vena cava filter, for instance. The information on file did not establish the presence of the applicant contemplating any kind of surgical or interventional procedure involving the IVC filter in question. While it is acknowledged that the April 9, 2015 RFA form in which the article in question was proposed was not incorporated into the IMR packet, and the

historical information failed to support or substantiate the request. Therefore, the request was not medically necessary.