

Case Number:	CM15-0130914		
Date Assigned:	07/17/2015	Date of Injury:	01/13/2011
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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, Alabama, 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:

This 45-year-old man sustained an industrial injury on 1/13/2011. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine CT scan. Diagnoses include lumbar spine fracture with multiple rib fractures and pneumo and hemothorax, status post thoracolumbar surgery, L1 paraplegia, neurogenic bowel and bladder, neuropathic pain, adjustment disorder, and probable right shoulder RTC tendonitis. Treatment has included oral medications, inpatient physical rehabilitation, Medtronic stimulator placed, use of wheelchair, and surgical intervention. Physician notes dated 5/26/2015 show reports of decreased anxiety levels with medication and complaints of episodic pain behaviors including grasping at legs. Recommendations include follow up for stimulator settings and use, continue current medications regimen, routine spine care with specialist, consider bladder augmentation, continue bowel program, routine psychology follow up, locate a clinician with expertise in anxiety, community gym membership, exercise program, wheelchair replacement parts, manual wheelchair ride seating and back, wheelchair cushion, sleep study, CPAP titration, continue home nursing and home care, and internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study and titration of CPAP (needs adjustment of CPAP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 and titration of CPAP (needs adjustment of CPAP) is not medically necessary.

Community gym x 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPEC).

Decision rationale: According to ODG guidelines, Gym memberships "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for Community gym x 12 months is not medically necessary.

Referral to internal medicine for metabolic abnormalities (R/T SCI w): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 503-524.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs 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 pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs an internal medicine evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery or a medical program and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of an internal medicine specialist. There is no evidence of metabolic issues requiring internal medicine evaluation. Therefore, the request for Referral to internal medicine for metabolic abnormalities (R/T SCI w) is not medically necessary.