

Case Number:	CM15-0148505		
Date Assigned:	08/11/2015	Date of Injury:	11/02/2012
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male with an industrial injury dated 11-02-2012. The injured worker's diagnosis includes lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-25-2015, the injured worker presented for follow up evaluation. The injured worker reported ongoing lower back pain. Objective findings revealed tenderness with spasm, restricted lumbar range of motion, positive bilateral straight leg raises and reduced sensation in the left L5 dermatomal distribution. The treatment plan consisted of medication management, sleep study and cognitive behavioral therapy. The treating physician prescribed services for sleep study and cognitive behavioral therapy 1x week x 12 weeks, now under review.

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 ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography, pages 822-823.

Decision rationale: There is no specific documentation of what sleep disturbances the patient exhibits, only mentioning the patient is awakened from the pain. ODG recommends Polysomnography 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. Criteria for the Polysomnography include (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, not demonstrated here. Guidelines criteria are not met. The Sleep study is not medically necessary and appropriate.

Cognitive Behavioral Therapy 1x week x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what psychological complaints, clinical findings, or diagnoses to support for unspecified cognitive behavioral therapy for diagnoses involving a lumbar disorder. There are no supporting documents noting what psychotherapy are needed or identified what specific goals are to be attained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the CBT treatment (unspecified). Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend an initial 12 sessions of CBT treatment without assessment of benefit. The Cognitive Behavioral Therapy 1x week x 12 weeks is not medically necessary and appropriate.