

<b>Case Number:</b>	CM15-0160073		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 47 year old female who sustained an industrial injury on 5-8-2014. She has reported knee pain, headaches, and memory loss and has been diagnosed with headaches, iliac crest contusion, temporomandibular joint syndrome, osteoarthritis, left knee, hearing loss, left, and right knee pain. Treatment has included conservative measures. Objective findings note requested authorization for brain day treatment and sleep evaluation. The treatment plan included sleep evaluation, brain day treatment program, re-evaluation, hearing test, and second opinion with a dentist. The treatment request included a sleep evaluation, re-evaluation, hearing test, and second opinion consultation with a dentist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a sleep study for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), 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. Additionally, ODG states that sleep studies are: Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Regarding this patient's case, there is no documentation of this patient's insomnia being unresponsive to behavioral intervention and sleep promoting medications. Therefore, medical necessity for a sleep study has not been established. The request is not medically necessary.

**Re-evaluation with doctor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2-3.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a reevaluation with a doctor for this patient. The California MTUS guidelines state: Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. There is no indication or documentation that the patient's initial medical evaluation was from a provider who lacked training or was uncertain about the diagnosis/treatment plan. Therefore, based on the submitted medical documentation, the request for a re-evaluation with a doctor is not medically necessary.

**Hearing test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment of Workers Compensation, Audiometry.

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

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of a hearing test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of hearing tests. Per the Occupational Disability Guidelines, audiometry is: Recommended following brain injury or when occupational hearing loss is suspected. Hearing impairment is defined as unilateral or bilateral sensorineural and/or

conductive hearing levels greater than 20 dB HL. American Speech Hearing Association (ASHA), the professional, scientific, and credentialing association for audiologists, recommends audiometry based on two criteria: (1) Screen as needed, requested, or when patients have conditions that place them at risk for hearing impairment, such as recreational noise exposure, family history and concern of family member; (2) Screen at least every decade through age 50 and at 3-year intervals thereafter. This patient has been documented to have subjective complained of hearing loss. A prior hearing test has not been performed. Based on screening criteria from the ASHA, testing is clinically appropriate for this individual. Therefore, based on the submitted medical documentation, the request for a hearing test is medically necessary.

**Second opinion consultation with a dentist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine Regarding Orthodontic Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2-3.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a second opinion from a dentist for this patient. The California MTUS guidelines state: Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. There is no indication or documentation that the patient's initial dental consultation was from a provider who lacked training or was uncertain about the diagnosis/treatment plan. Therefore, based on the submitted medical documentation, the request for a second opinion from a dentist is not medically necessary.