

Case Number:	CM15-0183185		
Date Assigned:	09/24/2015	Date of Injury:	06/08/2012
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

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 57 year old female, who sustained an industrial-work injury on 6-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for low back strain and sprain, low back pain, lumbar stenosis, lumbar radiculopathy, lumbar degenerative disc disease (DDD), obesity, anxiety and depression. Medical records dated (7-7-15 to 8-6-15) indicate that the injured worker complains of low back pain that radiates to the bilateral lower extremity accompanied by numbness and tingling, weakness and burning sensation. The pain is rated 9 out of 10 on the pain scale and has remained unchanged. She also complains of trouble with falling asleep and staying asleep. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 7-7-15 the work status is that the injured worker may return to modified work with restrictions. The physical exam dated from (7-7-15 to 8-6-15) reveals lumbar tenderness, decreased lumbar range of motion, and diminished sensation of the L2-5 and S1 dermatomes. The physician indicates that the injured worker has trouble with falling asleep and excessive pain. Treatment to date has included pain medication including Ibuprofen, Cyclobenzaprine for muscle spasm and insomnia, Tylenol with codeine for severe pain and compounded cream, epidural steroid injection (ESI) times 2 with no relief, physical therapy (unknown amount), rest, diagnostics, off of work, work modifications and other modalities. X-Ray of the lumbar spine dated 7-7-15 reveals lumbar discogenic spondylosis, grade 1 degenerative anterolisthesis and osteopenia. The request for authorization date was 8-6-15 and requested service included Internal medicine consult for Insomnia, Osteopenia. The original Utilization review dated 9-2-15 non-certified the request as per the guidelines there is no documentation of previous treatments for insomnia

or indication of clinical findings or exam findings to support a diagnosis of osteopenia to entail further workup from a consultation standpoint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult for Insomnia, Osteopenia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Guidelines: Chapter 5; Cornerstones of Disability Prevention and Management. Page 92.

Decision rationale: Based on occupational medicine guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. In this case, the patient may not have the diagnosis of osteopenia, as there is simply a suggestion of this on an X-ray. To confirm it is recommended to have a DEXA scan. If this confirms the diagnosis of osteopenia, than an internal medicine consultation may be warranted. Also, as far as the management of insomnia, there is no documentation of previous failed medications or difficult to treat insomnia. Therefore, internal medicine consult for insomnia also is not medically necessary.