

Case Number:	CM15-0183312		
Date Assigned:	09/24/2015	Date of Injury:	05/08/2014
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
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: 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:

This 47 year old female sustained an industrial injury on 5-8-14. Documentation indicated that the injured worker was receiving treatment for head trauma, iliac crest contusion, temporomandibular joint syndrome (TMJ), post-concussion syndrome with cognitive impairment and balance impairment, lumbar spine sprain and strain and headaches. In a request for authorization dated 7-27-15, the injured worker complained of jaw pain, bilateral knee pain, headaches and memory loss. The injured worker had been able to "secure" a name for a second opinion provider for her jaw complaints. The injured worker had received approval to participate in a brain Injury day treatment program. No objective findings were documented. The treatment plan included requesting authorization for a sleep evaluation to address her night terrors, pursuing treatment at the brain injury day treatment program, an evaluation for both knees, a hearing test and a second opinion consultation for temporomandibular joint syndrome. In a progress note dated 8-17-15, the injured worker complained of ongoing muscle tension and tenderness to palpation in bilateral temporomandibular joints, rated 10 out of 10 on the visual analog scale. The injured worker also complained of continuing motion sickness, dizziness and night terrors. The injured worker was alert with normal strength, sensation and reflexes in the upper and lower extremities. The physician stated that the injured worker had "significant" insomnia. In a supplemental report dated 9-1-15, the physician stated that he continued to be concerned that the injured worker's ongoing nightmares and night terrors might be the result of a REM sleep disorder. The physician recommended a formal sleep study with a sleep specialist to determine the best treatment. On 9-10-15, Utilization Review noncertified a request for a sleep

evaluation, reevaluation for both knees, hearing test and second opinion consultation for temporomandibular joint syndrome.

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, Polysomnography and home sleep testing. AIM Specialty Health. Polysomnography and home sleep testing. Chicago (IL). AIM Specialty Health; 2014 Mar 25. 9p.

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

Decision rationale: According to the Official Disability Guidelines, in-lab polysomnograms / sleep evaluations 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 without one of the above mentioned symptoms is not recommended. Sleep evaluation is not medically necessary.

Re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 1010-1011.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The ACOEM guidelines reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. There is documentation that the patient has undergone an MRI of the left knee for which follow-up would be required. I am reversing the previous UR decision. Re-evaluation by [REDACTED] is 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 (ODG), Head.

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: According the Official Disability Guidelines, audiometry is recommended following brain injury or when occupational hearing loss is suspected. The patient fits the criteria of having had a brain injury. I am reversing the previous utilization decision. Hearing Test is medically necessary.

Second Opinion Consultation for TMJ: 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. Orthodontic treatment and referral patterns: a survey of pediatric dentists, general practitioners and orthodontists.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management , with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Second Opinion Consultation for TMJ is not medically necessary.