MAXIMUS Federal Services

Case Number:	CM15-0203352		
Date Assigned:	10/20/2015	Date of Injury:	01/27/2010
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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 48 year old female who sustained an industrial on 1-27-2010. A review of medical records indicates the injured worker is being treated for cervical spine disc bulge, thoracic spine strain, lumbar spine disc bulge, right elbow strain, left elbow strain, right knee strain, left knee strain, right ankle and foot strain, and left ankle and foot strain. Medical records dated 9-22-2015 noted pain in the neck, upper back, lower back, right elbow, left elbow, right knee-leg, left knee-leg, right ankle foot, and left ankle foot. Physical examination noted right mid anterior thigh, right lateral calf intact and right lateral ankle was diminished. Treatment has included shockwave therapy and medications. Utilization review form dated 10-8-2015 non-certified follow up consultation with a board certified sleep medicine doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consultation with a board certified sleep medicine doctor: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The current request is for a FOLLOW-UP CONSULTATION WITH A BOARD CERTIFIED SLEEP MEDICINE DOCTOR. Treatment has included injections, chiropractic treatments, physical therapy, shockwave therapy and medications. The patient may return to work without restrictions. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." A review of medical records indicates the patient is being treated for cervical spine disc bulge, thoracic spine strain, lumbar spine disc bulge, right elbow strain, left elbow strain, right knee strain, left knee strain, right ankle and foot strain, and left ankle/foot strain. The patient also suffers from chronic sleep disturbances. Per report 10/01/15, the patient reported continued bad sleep quality. She reported that she has trouble failing asleep, and was waking up during the night several times to use the bathroom, and sometimes due to pain. The treater recommended a follow up consultation with the sleep medicine doctor. The patient was seen by [redacted] on 07/01/15, with reports of sleeping better and noted being able to fall asleep relatively quickly. She reported average sleep duration to be 8 hours, but did wake 3-4 times. She reported using a CPAP from 2010-2013 which helped. In this case, it appears that the patient has a decline in quality of sleep since her 07/01/15 evaluation with [redacted]. ACOEM practice guidelines support physicians to seek outside consultation when the patient may benefit from a specialist. It would appear that the current treater has concerns with the patient's chronic sleep issues, and has requested a follow up consultation with a sleep specialist. Given the patient's worsening symptoms, this request appears reasonable. Therefore, the request IS medically necessary.