

Case Number:	CM15-0207870		
Date Assigned:	10/26/2015	Date of Injury:	06/12/2015
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 6-12-2015. The medical records indicate that the injured worker is undergoing treatment for headaches, cervical spine sprain-strain, rule out herniated nucleus pulposus, lumbar spine sprain-strain, rule out herniated nucleus pulposus, bilateral shoulder sprain-strain, rule out internal derangement, bilateral wrist-hand pain, rule out carpal tunnel syndrome, bilateral wrist De Quervain's, left hip sprain-strain, bilateral knee sprain-strain, insomnia, and depression. According to the progress report dated 6-26-2015, the injured worker presented with complaints of pain in the neck, bilateral shoulders, right hand, low back, hip, and bilateral knees. Additionally, she reports depression, insomnia, and intermittent headaches. The physical examination reveals tenderness over the cervical spine, lumbar spine, upper trapezius, wrists, hands, fingers, and knees. There is decreased range of motion of the cervical spine, lumbar spine, bilateral shoulders, wrists-hands, left hip, and knees. The medications prescribed are Nabumetone, Omeprazole, Cyclobenzaprine, and Tylenol #3. Previous diagnostic studies include x-rays and nerve conduction studies. Treatments to date include medication management, wrist braces, physical therapy, and acupuncture. Work status is described as temporarily totally disabled. The original utilization review (9-30-2015) had non-certified a request for internal medicine consult with regards to insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2004 Independent Medical Examinations and Consultations Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a cashier with date of injury in June 2015. She was seen for an initial evaluation by the requesting provider on 06/26/15. She had neck and low back pain and bilateral shoulder, bilateral knee, right hand, left wrist, and left hip pain. She was having headaches. She had complaints of depression and insomnia. Physical examination findings included a normal body mass index. There was cervical and lumbar tenderness with muscle spasms. There was decreased spinal range of motion. Cervical foraminal testing was positive. Bilateral Kemp's, left Patrick's, and bilateral seated straight leg raising was positive. There was decreased shoulder and wrist range of motion. Shoulder impingement testing was positive bilaterally. There was crepitus with shoulder range of motion. Tinel's, Phalen's, and Finkelstein's tests were positive. There was decreased left hip and bilateral knee range of motion. McMurray's testing was positive bilaterally. Authorization was requested for an internal medicine consultation for evaluation of the claimant's insomnia. Physical therapy was requested. Requests also included functional improvement measures and multiple x-ray studies. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the primary treating provider would be expected to evaluate the claimant for conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, and pain before requesting a specialty evaluation. An internal medication consultation for insomnia is not medically necessary.