MAXIMUS Federal Services

Case Number:	CM15-0020826		
Date Assigned:	02/10/2015	Date of Injury:	07/23/2008
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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 was a 49 year old female, who sustained an industrial injury, July 23, 2008. According to progress note of November 6, 2014, the injured workers chief complaint was pain in the back radiating to the legs, bilaterally. The injured worker had decrease sensation and decreased tingling into the right calf. The injured worker had improved ability to perform activities of daily living, improved participation in home exercise program and improved sleep pattern. The neurological examination noted the injured workers complain of headaches; however the September 23, 2014 and December 23, 2014 notes do not include documentation to support the injured worker was having headaches. The injured worker was diagnosed with back pain with persistent right lower extremity radiation, status post L4-L5 discectomy on September 26, 2013 and persistent postoperative stenosis L4-L5 per MRI and new stenosis at L3-L4. The injured worker previously received the following treatments chiropractic services, Norco for pain, Norflex for spasms and MRI of the lumbar spine. On November 6, 2014, the primary treating physician requested authorization for Neurology consultation for headaches and sleep study. On January 27, 2015, the Utilization Review denied authorization for Neurology consultation and sleep study. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 49 year old patient presents with pain in the lower back and bilateral lower extremities, along with numbness and tingling, as per progress report dated 12/26/14. The request is for NEUROLOGY CONSULT. The RFA for the case is dated 11/08/14, and the patient's date of injury is dated 07/23/08. Medications, as per prescription dated 12/26/14, are Norco and Norflex. The patient is status post L4-5 discectomy on 09/23/14. Diagnoses included back pain with persistent right lower extremity radiation, persistent post-operative stenosis of L4-5, and new stenosis at L3-4. The patient is temporarily totally disabled, as per progress report dated 12/26/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state 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. In this case, the relevant reports are handwritten and not very legible. The purpose of the neurology consult is to address the patient's "headaches," as per progress report dated 11/06/14. This request is reasonable as the neurologist can help with accurate diagnosis and appropriate treatments. Hence, the current request IS medically necessary.

Sleep study: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic 'Polysomnography'.

Decision rationale: The 49 year old patient presents with pain in the lower back and bilateral lower extremities, along with numbness and tingling, as per progress report dated 12/26/14. The request is for SLEEP STUDY. The RFA for the case is dated 11/08/14, and the patient's date of injury is dated 07/23/08. Medications, as per prescription dated 12/26/14, are Norco and Norflex. The patient is status post L4-5 discectomy on 09/23/14. Diagnoses included back pain with persistent right lower extremity radiation and persistent post-operative stenosis of L4-5, and new stenosis at L3-4. The patient is temporarily totally disabled, as per progress report dated 12/26/14. ODG - TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "Polysomnograms / sleep studies 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 for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." In this case, the relevant progress reports are handwritten and not very legible. The request for sleep study is noted in progress report dated 11/06/14. The report also states that the patient has "difficulty sleeping." The treater, however, does not document the duration of this complaint. Additionally, there is no discussion about excessive daytime sleep, muscle weakness, and personality or intellectual changes which may warrant a sleep study as per ODG guidelines. The reports lack the information required to make a determination on this request. The request IS NOT medically necessary.