

Case Number:	CM15-0021265		
Date Assigned:	02/10/2015	Date of Injury:	05/20/2011
Decision Date:	04/02/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on May 20, 2011. The diagnoses have included cervical disc protrusion and cervical myospasm. Currently, the injured worker complains of frequent moderate neck pain which radiates to her right hand. On examination, she has painful and decreased range of motion of the cervical spine. There is tenderness to palpation of the cervical paravertebral muscles, right trapezius and right upper trapezius. There is a muscle spasm of the cervical paravertebral muscles and the right trapezius. Compression of the cervical vertebrae causes pain. A progress note on 12/18/14 indicated the claimant had pain and emotional stressors leading to sleep difficulty for which a sleep study was requested. On January 6, 2015 Utilization Review non-certified a request for sleep study and extracorporeal shockwave therapy one time per week for six weeks, noting that the guidelines do not support the use of extracorporeal wave therapy for any other condition except calcified plantar fasciitis and noting that there is not documentation of any sleep pathology which requires the use of polysomnography. The California Medical Treatment Utilization Schedule, Official Disability Guidelines and the ACOEM were cited. On February 3, 2015, the injured worker submitted an application for IMR for review of sleep study and extracorporeal shockwave therapy one time per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder and elbow pain and ESWT- pg 15 and 11.

Decision rationale: The ODG guidelines do not support the use of ESWT for cervical pain it is recommended for calcifying tendonitis of the shoulder, chronic spicondylitis and plantar fasciitis for those who have failed conservative treatment. In this case, the claimant has received therapy and pain medications which have more proven benefit. The request for ESWT for the cervical spine is not medically necessary.

Sleep study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and polysomnography and Pain chapter- pg 116.

Decision rationale: According to the ODG guidelines, a sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for a sleep study include: 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. In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. The sleep difficulty stemmed from the pain which can be addressed separately. The request for a sleep study is not medically necessary.