

Case Number:	CM15-0022674		
Date Assigned:	02/12/2015	Date of Injury:	10/29/2013
Decision Date:	04/06/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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, Illinois
 Certification(s)/Specialty: Internal 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:

The injured worker is a 37-year-old male who reported an injury on 10/29/2013 due to an unspecified Mechanism of injury. On 12/08/2014 he presented for a functional capacity evaluation. He reported pain in his right shoulder, arm, and elbow. It was noted that he had decreased range of motion in the right upper extremity. It was noted that he met his requirements regarding reaching overhead, reaching forward, bending, and squatting. It was recommended that he have restrictions including occasional reaching overhead, reaching forward, bending, and squatting. No additional information was provided regarding his diagnosis, medications or subjective complaints. The treatment plan was for sleep study, medications and pulmonary testing. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep disordered breathing respiratory diagnostic study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress, polysomnography (PSG).

Decision rationale: The Official Disability Guidelines recommended sleep studies 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. There is lack of documentation showing that the injured worker has had at least 6 months of insomnia complaints that have been unresponsive to behavioral intervention and sleep medications to support the request. Also, a clear rationale was not provided for the medical necessity of this request and without this information, the request would not be supported. Therefore, the request is not medically necessary.

Zolpidem 5 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

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

Decision rationale: The Official Disability Guidelines state that zolpidem is recommended for the short term treatment of insomnia for 7 to 10 days. The documentation provided does not indicate that the injured worker has a diagnosis of insomnia. Also, further clarification is needed regarding how long he has been using this medication. Without this information, continuing would not be supported as it is only recommended for 7 to 10 days. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. Therefore, the request is not medically necessary.

Tramadol ER 150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screen or CURES Reports were provided for review to validate his compliance with his medication

regimen. Furthermore, the frequency, quantity, and dosages of medication is unclear. Therefore, the request is not supported. As such, the request is not medically necessary.

Pulmonary test and 6 minute walk test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Pulmonary Testing.

Decision rationale: The Official Disability Guidelines indicate that pulmonary testing is recommended where spirometry is employed in the primary, secondary, and tertiary prevention of occupational lung disease. A clear rationale was not provided for the medical necessity of pulmonary testing. There is no indication that this is a requirement for preventing lung disease for the injured worker's occupation and therefore, the request is not supported. Therefore, the request is not medically necessary.