

Case Number:	CM15-0041489		
Date Assigned:	03/11/2015	Date of Injury:	12/01/2014
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey

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 December 1, 2014. She reported head pain, neck pain, shoulder pain, and a chipped tooth. Diagnoses have included cervical/trapezial musculoligamentous sprain with left arm radiculitis, left shoulder strain, back sprain/strain, lumbosacral spine strain/sprain, bilateral knee strain/sprain, facial pain, headache, mouth discomfort, and sleep difficulties. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated January 23, 2015 indicates a chief complaint of neck pain to the upper back and left shoulder with left arm numbness and tingling, left shoulder pain, mid back pain, lower back pain radiating to the right leg, bilateral knee pain, headache, facial pain, mouth discomfort, and sleep difficulties. The treating physician documented a plan of care that included radiographic studies of the cervical and lumbar spine, neurological consultation, dental specialist consultation, chiropractic treatment, magnetic resonance imaging of the cervical spine, and consultation with a sleep specialist. The medical record notes that the injured worker obtained minimal relief with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Treatment with Adjunctive Physiotherapeutic Modalities Emphasizing Spinal Manipulation and Rehab Exercises, 12 Visits Addressing All Areas of Orthopedic Injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The injured worker is a 43 year old female, who sustained an industrial injury on December 1, 2014. She reported head pain, neck pain, shoulder pain, and a chipped tooth. Diagnoses have included cervical/trapezial musculoligamentous sprain with left arm radiculitis, left shoulder strain, back sprain/strain, lumbosacral spine strain/sprain, bilateral knee strain/sprain, facial pain, headache, mouth discomfort, and sleep difficulties. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated January 23, 2015 indicates a chief complaint of neck pain to the upper back and left shoulder with left arm numbness and tingling, left shoulder pain, mid back pain, lower back pain radiating to the right leg, bilateral knee pain, headache, facial pain, mouth discomfort, and sleep difficulties. The treating physician documented a plan of care that included radiographic studies of the cervical and lumbar spine, neurological consultation, dental specialist consultation, chiropractic treatment, magnetic resonance imaging of the cervical spine, and consultation with a sleep specialist. The medical record notes that the injured worker obtained minimal relief with physical therapy.

MRI Scan of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there were some signs of neurological compromise from physical findings and reported symptoms of tingling as well as a failed attempt with conservative care (medication, physical therapy) for more than 4 weeks. X-rays of the cervical and lumbar spine were also performed in office at the same time of this request. It appears that MRI of the cervical spine is reasonable and medically necessary.

Consultation with a Sleep Specialist: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Pain section, Polysomnography.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. They also suggest that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS is silent on polysomnography (sleep study). The ODG, however, states that sleep studies may be conditionally recommended. Sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The ODG lists criteria for polysomnography: 1. Excessive daytime sleepiness, 2. Cataplexy brought on by excitement or emotion, 3. Morning headache (with other causes ruled out), 4. Intellectual deterioration, 5. Personality change (not secondary to medication, cerebral mass, or known psychiatric problems), 6. Sleep-related breathing disorder or periodic limb movement disorder is suspected, and 7. Insomnia 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 the case of this worker, consultation with a sleep specialist seems too premature, without a full 6 months or more of reported insomnia, and no other known treatments or suggestions to help the worker with this issue managed by the provider. Therefore, the sleep specialist consultation will be considered medically unnecessary at this time.