

Case Number:	CM15-0088396		
Date Assigned:	05/12/2015	Date of Injury:	12/30/1993
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania

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:

This 62 year old female sustained an industrial injury to the low back on 12/30/93. Current diagnoses included discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity lumbar spine, fibromyalgia syndrome, sleep disorder secondary to pain, discogenic cervical radiculopathy, mechanical neck pain syndrome, thoracic outlet syndrome, and loss of motion segment integrity/laxity of ligament cervical spine. Recent treatment included medications, arch tape and home exercise. In a PR-2 dated 1/23/15, the injured worker complained of ongoing increased pain at the left lumbosacral junction. The treating chiropractor noted that the injured worker's rate of clinical response was very slow with multiple symptomatic exacerbations and loss of functional capacity. Work status was noted as temporarily disabled. In a PR-2 dated 3/10/15, the injured worker complained of increase in low back and right lower extremity pain rated 7-9/10 on the visual analog scale associated with cramping and numbness in the right lateral foot. The injured worker reported poor sleep and failure of activity modifications and therapeutic activities to induce any improvement to her functional capacity. Physical exam was remarkable for marked paraspinal musculature splinting and spasm from L5 through the lower thoracic spine, reduced tandem toe walking on the right, positive right Trendelenburg sign and Kemp's test, and marked hypoesthesia in the right S1 distribution with hypertonicity of the musculature of the right foot. The treatment plan included continuing arch tape, a request for mass balance orthotics to improve stance stability and lumbosacral posture, and a pain management evaluation for an epidural steroid injection. In a PR-2 dated 3/12/15, the injured worker reported reduction of capacity to sleep, stating that she is

awake every one to two hours and has difficulty falling back to sleep. Epworth sleepiness scale showed 18/24 result, consistent with a severe loss of restorative sleep. In a PR-2 dated 3/24/15, the injured worker reported a mild reduction in fatigue and a reduction of cramping pain after treatment started during the last evaluation. The injured worker continued to report marked limitations in activities of daily living. A fibromyalgia tender point survey demonstrated 18/18 tender points at 3+ pain level using a 4 pound per square inch algometer. The injured worker was diagnosed with fibromyalgia syndrome and sleep disorder secondary to pain. The treatment plan included requesting authorization for a pain management evaluation, a sleep disorder evaluation, a rheumatology evaluation, six sessions of acupuncture and continuing home exercise. Work status remained temporarily disabled. On 4/28/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the ACOEM and noting the lack of evidence as to the type and nature of the injury and post treatment history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mass balance orthotics: 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 Official Disability Guidelines (ODG) ankle and foot chapter: orthotic devices, ankle foot orthosis.

Decision rationale: This injured worker has chronic back pain. Prior treatment with arch tape has been noted. The treating physician has requested mass balance orthotics to improve stance stability and lumbosacral posture. The ODG states that orthotic devices are recommended for plantar fasciitis and for foot pain with rheumatoid arthritis. An ankle foot orthosis is recommended as an option for treatment of foot drop. There is no recommendation by the guidelines for the use of an ankle foot orthosis for restoration of the body's center of mass for improvement in balance or posture. As such, the request for mass balance orthotics is not medically necessary.

Pain Management Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: office visits.

Decision rationale: This injured worker has chronic low back pain, and referral to a pain management physician has been requested by the treating chiropractor for the purpose of an

epidural steroid injection. The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. In this case, there were insufficient findings of radiculopathy and no corroborating imaging studies or electrodiagnostic studies to support the performance of an epidural steroid injection. As the performance of an epidural steroid injection was documented to be the reason for the pain management referral, the request for pain management evaluation is not medically necessary.

Sleep Disorder Evaluation: 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 Official Disability Guidelines (ODG) Pain chapter, Polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005; 28(4): 499-521.

Decision rationale: This injured worker was noted to have sleep disturbance secondary to pain, with reduction in capacity to sleep and frequent awakenings. The MTUS does not provide direction for evaluating or treating sleep disorders. The ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week) unresponsive to behavior intervention and medications and after a psychiatric etiology has been excluded. Polysomnography is also indicated when a sleep related breathing disorder or periodic limb movement disorder is suspected. The ODG lists additional criteria for polysomnography and states that home sleep studies are an option. The criteria per the ODG for sleep studies include a combination of indications including excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, suspicion of sleep-related breathing disorder or periodic limb movement disorder, and insomnia complaint for at least six months. Sleep study for the sole complaint of snoring is not recommended. The American Academy of Sleep Medicine (AASM) has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders (SRBD), other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation "should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems." "The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate

test(s). The general evaluation should therefore take place before any PSG is performed." The treating physician has not provided sufficient indications for a sleep study in light of the published guidelines and medical evidence. There is no evidence of a thorough medical evaluation that establishes the presence of all relevant medical conditions. The recommended prior conservative care prior to ordering a sleep study, per the Official Disability Guidelines, has not been completed. The treating physician has requested a sleep disorder evaluation by another physician. There is no documentation of intent for evaluation that is outside of the scope of routine treatment provided by the primary treating physician; the necessary history and physical examination to evaluate for the criteria noted above could be performed by the treating chiropractor. A sleep disorder evaluation is not medically necessary based on the lack of sufficient current indications.

Rheumatologist Evaluation: 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 Official Disability Guidelines (ODG) low back chapter: office visits pain chapter: fibromyalgia syndrome.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The reason for the referral to a rheumatologist was not specified. It is possible that this referral is related to the injured worker's diagnosis of fibromyalgia, although this was not noted as the reason by the prescribing provider, a chiropractor. The ODG states that the treatment of fibromyalgia syndrome should be based on a stepwise program emphasizing education, certain medications, exercise, and cognitive therapy. There is no documentation of intent for treatment that is outside of the scope of routine treatment provided by the primary treating physician. Due to lack of specific indication, the request for rheumatologic evaluation is not medically necessary.

Acupuncture 6 sessions low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. This injured worker has chronic low back pain, and acupuncture to the low back was requested. There was no documentation of use or reduction of pain medication, participation in a physical rehabilitation program other than home exercise, or plan for surgery. As such, the request for acupuncture is not medically necessary.