

Case Number:	CM15-0089514		
Date Assigned:	05/13/2015	Date of Injury:	08/09/2010
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40-year-old female, with a reported date of injury of 08/09/2010. The diagnoses include sleep disturbance due to pain; cervical spine strain/sprain; cervical spine disc disease; cervical spine spinal canal narrowing; status post cervical spine surgery times two; left shoulder strain/sprain; right shoulder strain/sprain; left elbow strain/sprain; right elbow pain; lateral epicondyle secondary to left ulnar dysfunction; bilateral wrist strain/sprain; and bilateral carpal tunnel syndrome. Treatments to date have included an MRI of the cervical spine on 03/04/2011, electrodiagnostic study on 03/11/2011, oral medications, transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy which was on hold. The progress report dated 04/09/2015 indicates that the injured worker complained of neck pain, bilateral shoulder pain, and bilateral elbow pain. She also complained of pain and numbness in the bilateral wrists. The injured worker's neck, left shoulder, and left wrist pain was rated 8-9 out of 10, which has remained the same since her last visit. Her right shoulder, right elbow, and right wrist pain was rated 7-8 out of 10, which has also remained the same since her last visit. The objective findings include tenderness to palpation over the cervical paraspinal muscles and spasm; restricted cervical range of motion; positive cervical compression test; tenderness to palpation of the bilateral shoulders; tenderness to palpation of the bilateral elbows; tenderness to palpation of the bilateral wrists; and positive Tinel's sign and Phalen's test. The treating physician requested insomnia specialist consultation. The only rationale provided for the request was a diagnosis of sleep disturbance due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Insomnia Specialist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG), Pain Chapter, Insomnia, Insomnia treatment.

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

Decision rationale: MTUS is silent regarding visits to a Insomnia Specialist Consultation. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The medical request states that the sleep disturbance is due to pain. There is no other medical indication requiring an evaluation by a sleep specialist. As such, the request for Insomnia Specialist Consultation is not medically necessary.