

Case Number:	CM14-0113184		
Date Assigned:	09/16/2014	Date of Injury:	06/12/2012
Decision Date:	12/31/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 6/12/2012. The patient was injured at work when a wheelchair ran over her foot. Diagnosis includes: contusion of foot, disorders of sacrum, mood disorders, pain in ankle and foot, and thoracic/lumbar neuritis. Medications include Cymbalta, Celebrex, and Celexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines - Low Back - Lumbar and Thoracic (Acute and Chronic) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to guidelines it states one of the requirements for diskography is for patients to have satisfactory results from detailed psychosocial assessment. Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection and therefore should be avoided. According to the

medical records the patient is not psychologically cleared due to mood disorders and depression and thus is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment - Polysomnography

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

Decision rationale: According to medical records it states that sleep studies are recommended only after at least 6 months of an insomnia complaint which is unresponsive to behavior intervention and medications and after psychiatric etiology has been excluded. According to the medical records there is no documentation that behavioral therapy has been tried or the possibility of the patient's psychological factors contributing to the sleep complaints and thus is not medically necessary.