

Case Number:	CM14-0142063		
Date Assigned:	09/10/2014	Date of Injury:	01/30/2011
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal 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:

The injured worker is a 58 year old female who reportedly had an industrial injury on 1/30/2011. The injured worker was seen on 7/31/2014 by an Internal Medicine Specialist for a permanent and stationary report. She had back injury and was off work for three weeks during which time she received pain medications and physical therapy. She subsequently underwent MRI and electrophysiology which resulted in treatment with medications and physical therapy. She developed stress and anxiety due to her pain. This led to treatment with a psychologist for approximately eight weeks. Reportedly, she has developed sleep disturbance as a result of the pain, anxiety and stress. She sleeps only four hours a night and wakes up about four times a night. She was noted to be on a sleep medication that helped her sleep. As a result of her pain, anxiety and stress as well as sleep disturbance, she has received numerous medications from a variety of providers that has led to gastroesophageal reflux. This has been helped by a proton pump inhibitor and an H pylori test has been negative. EGD has not been done since it has not been authorized. Per the provider, she reports improved sleep with medication but wakes up about four times a night. She is able to sleep about six hours. She has some headaches up on awakening but this may be due to lack of rest. She continues to complain of psychiatric symptoms. Her awakening is related to pain. On review of systems, she has no history of bronchitis, asthma, sleep apnea, dyspnea, cough, expectoration and other pulmonary complaints. Epworth sleepiness scale is 6. The neurological review of systems and examination were normal although patient was noted to have problems with "sensory" function in the subjective component of the report. She also had "no sexual problems or dysfunction" noted. On examination, her lung and cardiovascular examination were normal. She did report problems of daytime fatigue and sleepiness with an Epworth scale score of 6. Body weight documented in another portion of the clinical record showed that she was not overweight, neck diameter was not

documented, snoring was not documented and there was no documentation of throbbing early morning headaches. Cranial nerves were noted to be normal on examination. On 7/26/2014, the patient underwent epidural steroid injections at L5-S1 and S1 foramen levels. She underwent a six minute walk pulmonary stress test on 7/3/2014. On room air, her oxygen saturations ranged from 93% to 97%, at rest, during exercise and during recovery. On 7/12/2014, the patient had a report of a sleep study submitted indicating an AHI of 5 on two night evaluations, with the diagnosis of a moderate sleep disordered breathing disorder. On 7/22/2014, the patient underwent a Sudoscan documenting more than expected asymmetry suggesting possible advanced small fiber neuropathy. She was evaluated on 11/19/2013 by a pain and psychosocial specialist who noted that the patient had depression, pain disorder with psychological components, insomnia and sleep disturbance along with gastroesophageal and orthopedic problems encompassing pain in neck, lower back. She was noted to have poor sexual and psychosocial functioning along with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

Decision rationale: Urine drug screens are appropriate for monitoring patients who are on opiate treatment regimens for chronic pain. However, confirmatory testing is only recommended when there are clinical indications of aberrancy or abnormalities on screening examinations. Therefore, definitive urine drug testing is not medically necessary. The patient did not have any abnormality noted at her in office urine dipstick screening. Medical necessity has not been established.

Split sleep study with CPAP Titration: Overturned

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

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

Decision rationale: The patient has sleep disordered breathing documented on sleep study performed as mentioned in clinical records. Although her complaints were accompanied by depression and anxiety and she was mainly waking up due to pain, and she is not overweight or with an elevated neck diameter or snoring documented, the study proves beyond a doubt that she has sleep disordered breathing. As such, a split study is appropriate for evaluation and titration of

CPAP therapy to improve sleep. Restorative sleep does improve pain complaints and improves function as well. Medical necessity has been established.

Sudo Scan: 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) Nerve Conduction Studies

Decision rationale: Sudomotor testing is a procedure that documents small fiber neuropathy when symptoms suggesting nerve dysfunction are present but routine electrophysiology is not abnormal. The patient has no clinical signs or symptoms that suggest diabetes, the primary condition for which neuropathy evaluation with sudomotor testing is performed in clinical practice and validation is present. Nonetheless, sudomotor testing is not even recommended in diabetics, rather the physician is urged to proceed with treatment that is neuromodulatory. In addition, a normal electrophysiological report, abnormal examination and symptoms documenting myotomal, reflex and dermatomal symptoms is not presented in the clinical record to support neuropathy or radiculopathy. In any case, radiculopathy is best diagnosed with an electromyogram, not sudomotor testing. The performance of sudomotor testing is not standard in the evaluation of work related injuries. As such, the request is not recommended.