

Case Number:	CM14-0099522		
Date Assigned:	07/28/2014	Date of Injury:	08/23/2007
Decision Date:	09/23/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; and earlier right shoulder surgery. In a utilization review report dated June 23, 2014, the claims administrator denied a request for a sleep consultation, invoking non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a handwritten note dated March 24, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of neck and bilateral shoulder pain. The applicant was using Lidoderm patches. The applicant was asked to stop Tramadol. The note was extremely difficult to follow. The applicant was given a 20-pound lifting limitation. The attending provider suggested that the applicant was, in fact, working. Transcutaneous electrical nerve stimulation (TENS) unit supplies were sought. The attending provider posited that ongoing usage of medications was beneficial here. In a May 6, 2014 progress note, again handwritten, difficult to follow, not entirely legible, the applicant again presented with ongoing complaints of neck, bilateral shoulder, and bilateral hand pain. An authorization was sought for neurologic consultation to evaluate tremors. Sleep consultation was also sought on the grounds that the applicant reported daytime drowsiness and lack of mental alertness. The applicant was having difficulty sleeping at night, it was stated. The attending provider stated that the applicant had failed various sleep medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Consultation cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines Pain chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referrals may be appropriate when a primary treating provider is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's treating provider is an orthopedist. The applicant has made allegations of sleep disturbance. The applicant's primary treating provider may, thus, be ill-equipped to address such concerns or allegations. Obtaining the added expertise of a physician who is better equipped to address these issues, such as a sleep specialist, is therefore indicated. Accordingly, the request is medically necessary.