

<b>Case Number:</b>	CM14-0113903		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/25/2007
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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: California

Certification(s)/Specialty: Emergency 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 4/25/2007. She reported injury to the neck that extended into right shoulder from lifting overhead. She underwent cervical fusion in 2009 and two right shoulder surgeries, one in February 2008 and one in May 2008. Diagnoses include cervicalgia, lumbago, sciatica, cervical disc disease without myopathy, and shoulder sprain with rotator cuff tear and chronic pain. Treatments to date include chiropractic treatments, cortisone injection to the right shoulder, acupuncture, physical therapy and a TENS unit as well as medial branch blocks to cervical spine. The medical records indicated many months of requesting a sleep study. On 9/4/13, the provider documented a sleep study had been completed with concern for narcolepsy as a differential diagnosis. The request was for a PSG followed by MSLT. On 11/28/14, the provider documented an evaluation from the sleep study physical made recommendation for PSG testing sleep studies for possible anesthesia and chronic pain complication with pituitary and hypothalamus and sleep center function with possible central sleep apnea or disordered sleep, possible narcolepsy. On 2/12/15, the provider documented continuing deconditioning with trouble concentrating, stuttering and word finding. She complained of ongoing neck pain, headaches, and difficulty sleeping. On 2/12/15, the physical examination documented decreased range of cervical spine motion with crepitation. The plan of care included five trigger point injections to upper back trapezius, levator, and upper cervical right paravertebral muscles; eight massage therapy sessions, Adderall ER 5mg #20, and PSG testing for sleep study.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PSG testing for 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- PSG (Polysomnography).

**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:** CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography, noted that this study is "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/ sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders" and note the criteria for testing are: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." On 9/4/13, the provider documented a sleep study had been completed with concern for narcolepsy as a differential diagnosis. The request was for a PSG followed by MSLT. On 11/28/14, the provider documented an evaluation from the sleep study physical made recommendation for PSG testing sleep studies for possible anesthesia and chronic pain complication with pituitary and hypothalamus and sleep center function with possible central sleep apnea or disordered sleep, possible narcolepsy. The treating physician has not documented the following details: insomnia complaint of at least six months duration of at least four nights per week, trials of behavior intervention and sleep-promoting medications, exclusion of psychiatric etiology, excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change. The criteria noted above not having been met, PSG testing for sleep study is not medically necessary.

### **8 massage therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." On 9/4/13, the provider documented a sleep study had been completed with concern for narcolepsy as a differential diagnosis. The request was for a PSG followed by MSLT. On 11/28/14, the provider documented an evaluation from the sleep study physical made recommendation for PSG testing sleep studies for possible anesthesia and chronic pain complication with pituitary and hypothalamus and sleep center function with possible central sleep apnea or disordered sleep, possible narcolepsy. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, 8 massage therapy sessions is not medically necessary.

**5 trigger point injections of 8ml Lidocaine, 60ml Ketorolac to the upper back trapezius, levator and upper cervical right paravertebral muscles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** The requested 5 trigger point injections of 8ml Lidocaine, 60ml Ketorolac to the upper back trapezius, levator and upper cervical right paravertebral muscles, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." On 9/4/13, the provider documented a sleep study had been completed with concern for narcolepsy as a differential diagnosis. The request was for a PSG followed by MSLT. On 11/28/14, the provider documented an evaluation from the sleep study physical made recommendation for PSG testing sleep studies for possible anesthesia and chronic pain complication with pituitary and hypothalamus and sleep center function with possible central sleep apnea or disordered sleep, possible narcolepsy. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the injured worker's participation in a dynamic

home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, 5 trigger point injections of 8ml Lidocaine, 60ml Ketorolac to the upper back trapezius, levator and upper cervical right paravertebral muscles is not medically necessary.

**Adderall ER 5mg, # 20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Psychiatric Association (APA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-63163/adderall-oral/details>.

**Decision rationale:** The requested Adderall ER 5mg, # 20, is not medically necessary. CA MTUS and ODG are silent on this specific issue. <http://www.webmd.com/drugs/2/drug-63163/adderall-oral/details> only recommend this stimulant in specific clinical situations. On 9/4/13, the provider documented a sleep study had been completed with concern for narcolepsy as a differential diagnosis. The request was for a PSG followed by MSLT. On 11/28/14, the provider documented an evaluation from the sleep study physical made recommendation for PSG testing sleep studies for possible anesthesia and chronic pain complication with pituitary and hypothalamus and sleep center function with possible central sleep apnea or disordered sleep, possible narcolepsy. The treating physician has not documented the medical necessity for this stimulant versus reducing sleep-inducing medications. The criteria noted above not having been met, Adderall ER 5mg, # 20 to the upper back trapezius, levator and upper cervical right paravertebral muscles is not medically necessary.