

Case Number:	CM14-0214949		
Date Assigned:	01/07/2015	Date of Injury:	07/25/2011
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, chronic wrist pain, and chronic shoulder pain reportedly associated with an industrial injury of July 23, 2011. In a Utilization Review Report dated December 9, 2014, the claims administrator approved an Internal Medicine consultation, denied a sleep study, and apparently failed to approve a neurology consultation. The non-MTUS Chapter 7 ACOEM Guidelines were represented. The claims administrator suggested that the applicant should consult an internist to follow up on issues with hypertension. The claims administrator stated that the attending provider did not outline what condition or conditions the attending provider intended for the neurologist to address. In a handwritten note dated July 23, 2014, the applicant reported multifocal complaints of mid back, neck, low back, wrist, and shoulder pain, apparently secondary to cumulative trauma at work. Large portions of the progress notes were difficult to follow, handwritten, and not entirely legible. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was not working with said limitations in place, the treating provider acknowledged. The treating provider acknowledged that the applicant had a neurologic review of systems, which were positive for headaches, psychological issues, and positive for depression, anxiety and insomnia, and a medical history notable for hypertension. The applicant's blood pressure was not reported. Norco and Norflex were endorsed. Multiple consults were apparently subsequently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG) Pain Chapter: Criteria for Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that the polysomnography (i.e., the sleep study at issue here) is not recommended in the evaluation of chronic insomnia and, in particular, the insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant has issues with depression-induced insomnia and/or anxiety-induced insomnia. A sleep study would be of no benefit in establishing the presence or absence of depression-induced or anxiety-induced insomnia. Therefore, the request is not medically necessary.

Neuro Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

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 Guideline in ACOEM Chapter 5, page 92, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Here, the requesting provider, an orthopedic surgeon, may be uncomfortable addressing issues with headaches, as are being alleged here. Obtaining the added expertise of a practitioner better-equipped to address such issues and/or allegations, namely a neurologist, is indicated. Therefore, the request is medically necessary.