

Case Number:	CM14-0056809		
Date Assigned:	07/09/2014	Date of Injury:	10/18/2012
Decision Date:	05/28/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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, New York, 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 39-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of October 18, 2012. In a Utilization Review report dated April 22, 2014, the claims administrator failed to approve request for a sleep study, a home cranial electrical stimulation device, and unspecified amounts of aquatic therapy. The claims administrator referenced progress notes of April 14, 2014 and April 11, 2014 in its determination. The applicant's attorney subsequently appealed. On April 11, 2014, the applicant consulted a pain management physician, noting issues with headaches, multifocal pain syndrome sleep disturbance and depression. The applicant had received 24 sessions of chiropractic manipulative therapy and physical therapy, it was noted. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work, it was reported. The applicant's medications included Neurontin, Flexeril, Prilosec, and Motrin, it was reported. The applicant was described as overweight, with height of 5 feet 6 inches, and weight of 240 pounds, it was reported. The applicant exhibited a slightly restricted gait, it was reported in another section of the note. The applicant did not appear to be using cane, crutch, and walker, it was incidentally noted. Home cranial electrical stimulation was endorsed for pain, anxiety, depression, and insomnia purposes. A sleep study, Neurontin, Flexeril, and aquatic therapy were endorsed. The attending provider acknowledged that the applicant's sleep disturbance issues were, in part, function of the issues with anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 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 (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008; 4 (5):487-504. Polysomnography and daytime multiple sleep latency test- ing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

Decision rationale: No, the request for a sleep study was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography and daytime multiple sleep latency testing are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant was described as having ongoing issues with depression-induced and anxiety-induced insomnia on April 11, 2014. A sleep study would have been of no benefit in establishing the presence or absence of mental health-induced sleep disturbance. Therefore, the request was not medically necessary.

Prospective request for 1 home cranial electrotherapy stimulation unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Post-Traumatic Stress Working Group. VA/DoD clinical practice guideline for management of post-traumatic stress. Washington (DC): Veterans Health Administration, Department of Defense; 2010. Page 251.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Transcranial magnetic stimulation (TMS).

Decision rationale: Similarly, the request for home cranial electrotherapy stimulation (CES) device [purchase] was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of cranial electrotherapy, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines notes that conventional transcutaneous electrical therapy (TENS) devices should not be purchased without evidence that the applicant having first undergone successful one-month trial of the same, favorable outcomes in terms of both pain relief and function. Here, however, the attending provider seemingly suggested that the applicant obtain the device in question on a purchase basis without any attempt to have the applicant undergo a prior trial of the same. It is further noted that the CES device in question is,

in effect, analogous to a transcranial magnetic stimulation (TMS) device, which per ODGs mental illness and stress chapter, should be reserved for applicants who have tried and failed three different psychotropic medications from at least two different classes, tried and failed prevention electric convulsive therapy (ECT), etc. Here, however, the applicant was not apparently using any psychotropic medications on April 11, 2014, despite having issues with severe anxiety, depression, and sleep disturbance. The applicant's medications included Neurontin, Flexeril, Prilosec, and Motrin. The applicant had not, thus, attempted and trialed psychotropic medications before the device in question was pursued. Therefore, the request was not medically necessary.

Prospective request for unknown pool therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Finally, the request for unknown amounts of aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there was no explicit mention of the applicant having a condition or conditions for which reduced weight bearing was desirable on or around the date in question, April 11, 2014. Despite having multifocal pain complaints, the applicant exhibited 5/5 lower extremity motor function on that date. The applicant's gait was described as only slightly restricted on that date. The applicant did not appear to be using a cane, crutch, walker, or other assistive device. It did not appear, thus, that the applicant had a condition or conditions for which reduced weight bearing was desirable. The MTUS Guidelines in Chapter 3, page 48 also stipulates that an attending provider furnish a prescription for therapy for which clearly states treatment goals. Here, by definition, clear treatment goals were not articulated as the treating provider did not furnish a duration, amount, and/or quantity of aquatic therapy treatments. Therefore, the request was not medically necessary.