

Case Number:	CM15-0017355		
Date Assigned:	03/10/2015	Date of Injury:	11/20/2012
Decision Date:	06/17/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 63-year-old male injured worker suffered an industrial injury on 11/20/2012. The diagnoses were traumatic brain injury with residual headaches, neck pain, back pain, post-traumatic stress disorder with depression/anxiety/panic, fractured jaw, major depressive disorder. The treatments were medications, multiple surgeries and psychotherapy. The treating provider reported dizziness, forgetfulness, chronic neck pain loss of cognitive functions, and chronic back pain, and chronic vertigo. The Utilization Review Determination on 1/13/2015 non-certified: 1. MRI of the lumbar spine, MTUS, ACOEM, ODG. 2. Polysomogram/Night Study, MTUS, ACOEM, ODG. 3. Ear, Nose and Throat Specialist Consultation, MTUS, ACOEM. 4. Dental Restoration Realignment, ODG. 5. Depakote ER 500mg #120 times six (6) refills. 6. Prozosin 1mg #180 times six (6) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per ACOEM guidelines, a history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. The IW has none of these indications with regards to the low back. ACOEM states that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. The history portion of the visit notes that the IW has low back pain that radiates to the lateral left thigh however, on the physical examination there was no loss of sensation in the corresponding dermatome. This request is not medically necessary.

Polysommogram/Night Study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysommography.

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

Decision rationale: Per ODG guidelines, polysomnography 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. Criteria for Polysomnography are as follows, excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic limb movement disorder is suspected, insomnia complaint for at least six months, 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. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. Additionally, there is no mention of sleep apnea symptoms other than headache such as snoring, nor a sleep apnea questionnaire to assess the likelihood of sleep apnea. This request is not medically necessary.

Ear, Nose and Throat Specialist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), Pain Chapter-Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Per ACOEM guidelines, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. In this case, the previous ENT physicians who evaluated the IW in November 2013 and November 2014 both noted that the malocclusion of the IW's mandible should be evaluated by a maxillofacial or oral surgeon. Given the previous ENT evaluations further treatment by ENT specialist for this indication is not medically necessary.

Dental Restoration Realignment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Facial Trauma; <http://www.ada.org/prof/tools/parameters/fractures.asp>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Dental trauma treatment (facial fractures).

Decision rationale: Per ODG guidelines, dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. There is documentation the IW had dental fractures relating to his trauma which were below the gum line and thus would require treatment for restoration or replacement. This is medically necessary with regards to the teeth fractured in the workplace accident.

Depakote ER 500mg #120 times six (6) refills: 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 upodate.com.

Decision rationale: MTUS and ODG guidelines do not comment on the use of Depakote. Depakote is FDA approved for use in seizure disorder, mania and migraine prophylaxis. According to the documentation the IW does not have any of these indications and there is no specific indication noted for the Depakote. This request is not medically necessary.

Prozosin 1mg #180 times six (6) refills: 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 uptodate.com.

Decision rationale: MTUS and ODG guidelines do not comment on the use of prazosin for PTSD. Per uptodate.com, prazosin is FDA approved for hypertension only. The IW does not have a documented history of hypertension and the medication is being titrated for control of his PTSD symptoms by a neurologist. PTSD is an off-label indication for prazosin. This request is not medically necessary.