

Case Number:	CM15-0178350		
Date Assigned:	09/18/2015	Date of Injury:	01/28/1997
Decision Date:	10/22/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 01-28-1997. The injured worker was diagnosed with chronic pain syndrome, post-laminectomy syndrome, pathological vertebrae fracture, degeneration of lumbar or lumbosacral intervertebral disc, insomnia, depression, hypertension, gastroesophageal reflux disorder (GERD), borderline diabetes mellitus and overweight with dietary counseling and surveillance. The injured worker is status post lumbar laminectomy (no date documented) and intrathecal pump implant in 2006. According to the treating physician's progress report on August 18, 2015, the injured worker continues to experience low back pain radiating down the left groin to the left leg to the foot. The injured worker rates his pain at 5-9 out of 10 on the pain scale and usually consistent at 6 out of 10 on the pain scale. The injured worker also reported insomnia, sweating and daytime somnolence. Initial evaluation noted no difficulty ambulating around the room and after the examination had an exaggerated pain response with a forward, stooped position stating "the examination flared up the pain". Lower extremities revealed grossly symmetric muscular bulk with guarding and hyper-exaggerated pain response to light touch with inability to assess for flexion and extension. Lumbar palpation produced acute tenderness with knee buckling, withdrawal and guarding in the midline through the lumbar spine especially in the L4-L5-S1 and L5-S1 area. No ischial or trochanteric bursal tenderness was noted. The injured worker withdraws to light percussion through the thoracic and lumbar region. Forward flexion with exaggerated pain response to approximately 30 degrees and with return to a vertical position was documented. The provider was unable to obtain extension and again exaggerated pain response

with attempted lateral flexion. Light palpation over the splenius capitis and midline cervical spine triggered an exaggerated pain response. There was acute tenderness in the thoracic spine at approximately T1-T2 with withdrawal, buckling, gasping and sighing without radicular snapping band tenderness or tension in the paraspinal musculature. There was muscle spasm over the left latissimus dorsi and costovertebral angle tenderness, left greater than right side. Palpation of T10-T11 produced acute pain behaviors with withdrawal. Prior treatments documented to date have included diagnostic testing, lumbar facet injections, trigger point injections, intrathecal pump implant, psychotherapy, epidural steroid injection, physical therapy, home exercise program and medications. Current medications were listed as Morphine Sulfate 15mg 1 tab 3 times a day as needed, Cyclobenzaprine, Gabapentin, medical cannabis with a 215, Paxil and Paroxetine as well as intrathecal pump medications Dilaudid (new increased rate of 1.099mg per day and Bupivacaine). The injured worker has had inconsistent urine drug screenings for benzodiazepines. The injured worker failed to provide a requested sample urine test at the August 18, 2015 visit. Treatment plan consists of regular exercise, narcotic agreement compliancy and adherence, continuing oral Morphine Sulfate and the current request for sleep studies with dysfunctional sleep pattern and ongoing opioid medications. The Utilization Review determined the request for sleep study consultation and a sleep study test were not medically necessary on 09-04-2015.

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, Pain procedure summary.

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

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states that sleep studies are indicated in the evaluation of sleep disorders such as obstructive sleep apnea. The provided documentation does not show the patient to suffer from any symptoms or physical findings suggestive of a primary sleep disorder due to industrial incident. Therefore the request is not medically necessary.

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

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

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states that sleep studies are indicated in the evaluation of sleep disorders such as obstructive sleep apnea. The provided documentation does not show the patient to suffer from any symptoms or physical findings suggestive of a primary sleep disorder due to industrial incident. Therefore the request is not medically necessary.