

Case Number:	CM15-0072167		
Date Assigned:	04/22/2015	Date of Injury:	02/14/2005
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 2/14/2005. She reported falling backwards and hitting her head. Diagnoses have included cervical discogenic disease and history of sleep apnea. Treatment to date has included magnetic resonance imaging (MRI), cervical fusion and medication. According to the progress report dated 2/25/2015, the injured worker complained of neck pain and headaches. She reported that she had difficulty sleeping. Exam of the cervical spine revealed pain with range of motion. There was tenderness to palpation over the facet joints. Authorization was requested for an electric hospital bed, computed tomography scan of the cervical spine and a sleep study for central sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Electric hospital bed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/500_599/0543.html.

Decision rationale: Regarding the request for an electric hospital bed, CA MTUS and ODG do not address the issue. Aetna cites that hospital beds are medically necessary when any of the following criteria are met: The condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed; or requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed; or requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered. Within the documentation available for review, none of the aforementioned criteria have been met and no other clear rationale has been presented. In light of the above issues, the currently requested electric hospital bed is not medically necessary.

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Computed tomography (CT).

Decision rationale: Regarding the request for CT, CA MTUS does not address repeat imaging. ODG cites that repeat CT is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation where MRI is contraindicated). Within the documentation available for review, it is noted that the patient recently had a CT scan and there is no indication of a significant change in symptoms/findings or another clear rationale for repeating the study. In light of the above issues, the currently requested CT is not medically necessary.

Sleep study for central sleep apnea: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides (5th ed), pages 3-17 (Andersson, 2000).

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

Decision rationale: Regarding the request for a sleep study, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of

indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), 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 (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. Within the documentation available for review, none of the aforementioned criteria are identified. The provider notes that the patient has sleep apnea and has difficulty sleeping at night, but no additional details are noted and no rationale for repeating a sleep study are given. Furthermore, there is a pending neurology consultation/follow-up, the results of which may obviate the need for a sleep study. In light of the above issues, the currently requested sleep study is not medically necessary.