MAXIMUS Federal Services

Case Number:	CM15-0078046		
Date Assigned:	05/18/2015	Date of Injury:	11/20/2012
Decision Date:	07/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania
Certification(s)/Specialty: 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 injured worker (IW) is a 64 year old male who sustained an industrial injury on 11/20/2012. He reported an assault that resulted in facial, skeletal, neurologic, and psychological trauma with residual post traumatic migraine, traumatic brain injury (TBI), organic brain syndrome, hallucinations, post-traumatic stress disorder (PTSD), post concussive syndrome, temporomandibular (TMJ) disorders, cervical spondylosis and torticollis, cervicogenic and migraine headaches, status post multiple facial fractures including the mandible, dental malocclusion from facial fractures, and other sequelae of the assault. Additional diagnoses include chronic obstructive pulmonary disease, aortic stenosis/aortic insufficiency with compensated heart failure, and peripheral vascular disease. Treatment to date has included a recent extraction of all teeth in an attempt to fix the teeth that had been disrupted in the course of the facial/mandibular fractures that occurred in his industrial injury. His teeth were all extracted about five days prior to the current request for a dental consult for dental restoration. He has had Botox Injections in the past for his headaches that relieved his pain but only lasted a few days. He had authorization for more Botox injections, but a delay in obtaining the Botox voided the authorization so it is being re-requested. He has awakened at night feeling short of breath without chest pain, orthopnea, change in physical endurance, syncope, palpitations, or leg swelling. It does take some time to return to sleep as he stays awake thinking about his problems. Snoring was noted. There was a plan for upcoming aortic valve replacement. Most of his pain is in his neck and jaws. His headaches are not as severe but are still constant. The injured worker reported low back pain, which radiates to the groins; he denied weakness in the limbs. Examination showed increased muscle tone on the right, muscle spasm in the spine, and sensation intact to light touch. The treating physician requested MRI of the lumbar spine due to

signs of radiculopathy. The physician noted that the last MRI of the lumbar spine on 6/10/13 showed a disc herniation and osteophyte which extended into the right neural foramen. The physician noted that the polysomnogram was requested to rule out obstructive sleep apnea as a cause for headaches. The physician noted that the cardiac surgery should be delayed until the sutures or out of his mouth and infection/inflammation has completely subsided, and that prior to the heart surgery a computed tomography (CT) scan of the sinuses should be done to rule out continued infection. Requested for authorization are the following: MRI of the lumbar spine without contrast, Polysomnogram Test, Split Night Study, CT scan of the sinuses, Botox Injection of 100 Units x3 (100 units to the neck and 200 units to the back, lumbar spine, cervical spine, and Dental consult for dental restoration. On 4/15/15, Utilization Review non-certified or modified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the physician stated that the injured worker had radiculopathy, but there were insufficient signs or symptoms of radiculopathy documented. It was noted that the injured worker had back pain with radiation to the groin, but no weakness; physical examination did not show any dermatomal sensory loss and motor examination was not reported. No electrodiagnostic reports were submitted. A prior MRI of the lumbar spine was noted to have been performed in 2013; there was no documentation of re-injury or worsening clinical findings since that study. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. Due to lack of sufficient findings of specific nerve root compromise, lack of findings of a red flag diagnosis, and lack of documentation of worsening clinical findings since the prior MRI, the request for MRI without contrast of the lumbar spine is not medically necessary.

Polysomnogram Test: 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 - Sleep Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005; 28(4):499-521.

Decision rationale: This injured worker was noted to have snoring and shortness of breath which awakened him at night. The physician noted that the polysomnogram was requested to rule out obstructive sleep apnea as a cause for headaches. The MTUS does not provide direction for evaluating or treating sleep disorders. The ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week) unresponsive to behavior intervention and medications and after a psychiatric etiology has been excluded. Polysomnography is also indicated when a sleep related breathing disorder or periodic limb movement disorder is suspected. The ODG lists additional criteria for polysomnography and states that home sleep studies are an option. The American Academy of Sleep Medicine (AASM) has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders (SRBD), other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation "should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems". "The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed". The treating physician has not provided sufficient indications for this study in light of the published guidelines and medical evidence. There is no evidence of a thorough medical evaluation that establishes the presence of all relevant medical conditions. The injured worker was noted to have aortic valve disease with need for aortic valve replacement surgery and congestive heart failure; there was no discussion of the possible contribution of this cardiac condition to the nocturnal shortness of breath. There was documentation of migraines, cervical torticollis, and cervicogenic headaches. The recommended prior conservative care prior to ordering a sleep study, per the Official Disability Guidelines, has not been completed. A sleep study is not medically necessary based on lack of sufficient medical evaluation and the lack of sufficient current indications.

CT scan of the sinuses: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter - Computerized Tomography.

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

Decision rationale: This injured worker has aortic valve disease with plan for upcoming aortic valve replacement. The physician noted that the cardiac surgery should be delayed until the sutures or out of his mouth and infection/inflammation has completely subsided, and that prior to the heart surgery a computed tomography (CT) scan of the sinuses should be done to rule out continued infection. The injured worker has undergone multiple prior CT scans of the head including CT scans of the sinuses and facial bones, and some of the prior studies in 2013 showed mucoperiostial sinus disease. The ODG states that CT scan of the head may be used to follow identified pathology or to screen for late pathology. In this case, there were no current signs or symptoms of sinusitis documented. The aortic valve replacement surgery was noted to be delayed until healing of the dental sutures from recent dental extractions. As there were no current signs or symptoms of sinusitis and as the cardiac surgery was noted to be delayed, CT scan of the sinuses is not currently indicated. As such, the request for CT scan of the sinuses is not medically necessary.

Split Night Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter - Sleep Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005;28(4):499-521. UpToDate: Polysomnography in obstructive sleep apnea in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The request for a split night study is consistent with a request for a specific type of polysomnogram. During a split night study, the initial portion of the study is performed to evaluate for obstructive sleep apnea, and during the second portion of the study, the amount of positive airway pressure that is necessary to prevent upper airway to collapse during sleep is determined. This injured worker was noted to have snoring and shortness of breath which awakened him at night. The physician noted that the polysomnogram was requested to rule out obstructive sleep apnea as a cause for headaches. The MTUS does not provide direction for evaluating or treating sleep disorders. The ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week) unresponsive to behavior intervention and medications and after a psychiatric etiology has been excluded. Polysomnography is also indicated when a sleep related breathing disorder or periodic limb movement disorder is suspected. The ODG lists additional criteria for polysomnography and

states that home sleep studies are an option. The American Academy of Sleep Medicine (AASM) has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders (SRBD), other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation "should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems". "The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed". The treating physician has not provided sufficient indications for this study in light of the published guidelines and medical evidence. There is no evidence of a thorough medical evaluation that establishes the presence of all relevant medical conditions. The injured worker was noted to have aortic valve disease with need for aortic valve replacement surgery and congestive heart failure; there was no discussion of the possible contribution of this cardiac condition to the nocturnal shortness of breath. There was documentation of migraines, cervical torticollis, and cervicogenic headaches. The recommended prior conservative care prior to ordering a sleep study, per the Official Disability Guidelines, has not been completed. A sleep study is not medically necessary based on lack of sufficient medical evaluation and the lack of sufficient current indications.

Botox Injection of 100 Units x3 (100 units to the neck and 200 units to the back)
Lumbar spine, Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation FDA (Botox).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines botulinum toxin Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: botulinum toxin for chronic migraine.

Decision rationale: The MTUS does not recommend botulinum toxin for most chronic pain conditions but states that it is recommended for cervical dystonia. The MTUS states that botox is not recommended for migraine headaches and notes that it is probably ineffective in episodic migraine and chronic tension-type headache. The MTUS also states that botox is recommended for chronic low back pain, if a favorable response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The ODG outlines very specific criteria for use of botulinum toxin (Botox) for chronic migraine headaches, including documentation of more than 15 days per month with headaches lasting 4 hours a day or longer and no response to at least three prior first line migraine headache prophylactic medications, with continuing treatment for ongoing prevention if additional specific criteria are met. In this case, the injured worker was noted to have constant headaches with diagnoses of cervical torticollis and cervicogenic headaches, with documentation of pain relief from prior botulinum toxin injections. As such, the injections for the cervical spine would be indicated. The request also includes a request for botulinum toxin injections to the lumbar spine. The guidelines state that botulinum toxin is recommended for chronic low back pain in conjunction with a functional restoration program. In this case, there was no documentation of participation in a functional

restoration program, and as such the injections for the low back are not indicated. As such, the request for Botox Injection of 100 Units x3 (100 units to the neck and 200 units to the back) Lumbar spine, Cervical spine is not medically necessary.

Dental consult for dental restoration: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter - Facial Trauma.

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

Decision rationale: The ODG states that dental trauma treatment is recommended. Among all facial injuries, dental injuries are the most common, and an appropriate treatment plan after an injury is important for good prognosis. The guidelines state that tooth extraction may be needed, and that bridges, implants, or removable appliances may be used. This injured worker has a history of facial trauma with recent extraction of all the teeth. Dental consult for dental restoration is in accordance with the guidelines as noted. The Utilization Review determination modified the request to certify one consultation with a dental provider. However, the guidelines state that bridges, implants, or appliances may be used after tooth extraction, and this was not considered by the Utilization Review determination. As the guidelines state that dental trauma treatment including restoration is recommended, the request for Dental consult for dental restoration is medically necessary.