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| Case Number: | CM15-0096130 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 07/06/2012 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: 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 injured worker is a 53 year old female who sustained an industrial injury on 07/06/2012. Current diagnoses include lumbar discogenic syndrome, lumbosacral radiculitis, myofascial pain, GERD, and depression. Previous treatments included medication management, sacroiliac joint injection, physical therapy, acupuncture, lumbar epidural injection, TENS unit, and home exercises. Previous diagnostic studies include a MRI of the lumbar spine, and electrodiagnostic study on 04/20/2015. Initial injuries included a tight band of pain over the lumbar region. Report dated 04/15/2015 noted that the injured worker presented with complaints that included continued low back pain in right lower extremity with burning sensation. It was also noted that the injured worker feels that her gait is not stable, stomach is better with omeprazole, sleep in manageable with Tylenol PM, TENS unit has been helpful for managing pain, and she is depressed and crying a lot. Pain level was 6 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation, abnormal reflexes, and antalgic gait. The treatment plan included request for psychiatric medication evaluation and follow up, psychologist evaluation and follow up cognitive behavioral therapy trial, EMG/NCV in lower extremity, she has sufficient medications, continue acupuncture, she will have a QME evaluation, sleep evaluation, and she was educated on depression with emergency numbers, and discussed treatment plan at length. Disputed treatments include follow up visit, ultrasound therapy, and sleep evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Back (Acute & Chronic), Ultrasound, therapeutic.

Decision rationale: According to the Official Disability Guidelines, there is little information available from trials to support the use of many physical medicine modalities for mechanical lumbar pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The request is not medically necessary.

Sleep evaluation: 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, office visits, polysomnography.

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

Decision rationale: According to the Official Disability Guidelines, in-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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 evaluation without one of the above mentioned symptoms is not recommended. Sleep evaluation is not medically necessary.