

Case Number:	CM15-0098694		
Date Assigned:	06/01/2015	Date of Injury:	07/21/2008
Decision Date:	07/13/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and arm pain reportedly associated with an industrial injury of July 21, 2008. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for a sleep study, cranial electrotherapy unit, home health care attendant, and gym membership. The applicant's attorney subsequently appealed. On April 21, 2015 the applicant reported ongoing complaints of neck pain status post earlier failed cervical spine surgery. Ancillary complaints of low back and shoulder pain were reported. The applicant's medication list included: Prilosec, Neurontin, Ambien, Norco, Soma, it was reported. Multiple medications were renewed, including Prilosec, Neurontin, and Ambien, without any explicit discussion of medication efficacy. The applicant's work status was not specified. In an April 30, 2015 progress note, the applicant's psychologist stated that the applicant needed help performing cooking, cleaning, driving, and assistance with other activities of daily living on a day-to-day basis. The secondary treating provider stated that the applicant's various chronic pain issues were inconveniencing her husband and daughter. Transportation to and from appointments was proposed. On April 16, 2015, the applicant's primary treating provider stated that the applicant had issues with chronic pain, forearm pain, tremor and depression, which were preventing the applicant from transporting himself to and from office visits. The attending provider suggested that the applicant obtain a home cranial electrotherapy stimulation unit and/or Transcranial Magnetic Stimulation (TMS). Discontinuation of Norco and Soma were suggested. The attending provider stated that the applicant needed 35 hours a week of home health care to facilitate performance of activities of daily living. A gym membership

was sought so that the applicant can have access to a warm pool. The applicant's gait was not detailed or described.

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 (ODG), pain chronic polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic in- somnia in adults. J Clin Sleep Med 2008;4 (5):487-504.

Decision rationale: No, the request for a sleep study was not medically necessary, medically appropriate, or indicated here. MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography (AKA a sleep study) is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric conditions or psychiatric disorders. Here, it was suggested that the applicant had ongoing issues with chronic pain and superimposed depression at various points in time, including on the April 16, 2015 progress note at issue. A sleep study would be of little or no benefit to establish the presence or absence of depression-induced or chronic pain-induced insomnia, per AASM. Therefore, the request was not medically necessary.

Home cranial electrotherapy stim unit: 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), head (trauma, headaches, etc, not including stress and mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/depression-in-adults-overview-of-neuromodulation-procedures?source=machineLearning&search=cranial+electrical+stimulation&selectedTitle=1~150§ionRank=1&anchor=H29061923#H29061874>. Depression in adults: Overview of neuromodulation procedures, Author Paul E Holtzheimer, MD Section Editor Peter P Roy-Byrne, MD Deputy Editor David Solomon, MD Disclosures: Paul E Holtzheimer, MD Grant/Research/Clinical Trial Support: Cervel Neurotech (Transcranial magnetic stimulation for depression). Consultant/Advisory Boards: St. Jude Medical Neuromodulation (deep brain stimulation for depression, treatment resistant depression [DBS system]). Peter P Roy-Byrne, MD, David Solomon, MD.

Decision rationale: Similarly, the request for a home cranial electrotherapy stimulation unit was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, Uptodate.com's comprehensive literature survey updated on May 20, 2015 on neuromodulation procedures in psychiatry notes that no rigorous studies have tested the efficacy of cranial electrical stimulation for treating major depressive disorder, i.e. the operating diagnosis reportedly present here. Here, the attending provider's progress note of April 16, 2015 was thinly and sparsely developed and did not contain much in the way of supporting rationale or supporting commentary for this particular modality in the face of the unfavorable Uptodate.com position on the same. Therefore, the request was not medically necessary.

Home health care attendant: 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), head, home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Similarly, the request for a home health care attendant was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health care is recommended only for purposes of delivering otherwise recommended medical treatment to applicants who are home-bound. However, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that medical treatment does not include homemaker services such as the shopping, cleaning, and/or other personal care services at issue here. Therefore, the request was not medically necessary.

Gym membership: 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 (chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Gym memberships.

Decision rationale: The request for gym membership was likewise not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 also stipulates that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both the MTUS Chronic Pain Medical

Treatment Guidelines and ACOEM seemingly take the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer reasonability. Finally, ODG's Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffectual and there is need for specialized equipment. Here, the attending provider's commentary and progress note of April 16, 2015 were sparse, thinly developed, did not clearly outline why (or if) home exercise had proven ineffectual and/or what specialized equipment (if any) was needed here. Therefore, the request was not medically necessary.