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Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

1) MAXIMUS Federal Services, Inc. has determined the requested Polysomnogram/Sleep Study **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/3/2013 disputing the Utilization Review Denial dated 4/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/3/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the requested Polysomnogram/Sleep Study **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 15, 2013

"1. For the purpose of this review, the head will be addressed.
2. Diagnosis: Migraine. Concussion with no loss of consciousness active.
3, The patient is a 42 year-old female patient sip Injury 2/2.111 S.
4. Discussion;
a) At the time of this request, this injury was a little bit under 2 months old.
b) Submitted medical records were reviewed and are summarized below.
c} Briefly, this is a 42-year-olcl woman who was struck on the left temple at work: which she developed headache that can be severe despite use of Advil and Tylenol.
·d) The neurologist does note prior history of occasional headache which the discussion states have migraine-like tendencies.
e) The current headaches have per the neurologist significant migraine features. The report also notes that the ongoing headache could be related to medication overuse because of the Tylenol/Advil on nearly dally basis.
f) MRI Head Scan With/Without Contrast:
l. MTUS guidelines do not specifically address the evaluation of headache.
ii. However, this patient has had headache for almost one month. The headache has been described as severe in the patient has not had headache of this type of severity before.
Ill. This essentially constitutes a red flag condition and MRI imaging studies requested are reasonable.
iv. Recommended.
g) Labs: BUN, Creatinine, ESR, C.-Reactive Protein TSH, Electrolytes, studies are CBC, Estradiol, FSH LH levels:
i. Although the report doesn't clearly state what conditions the laboratory testing are to specifically evaluate, it is clear that the intent of the neurologist is to eliminate other possible causes of such as electrolyte imbalance, anemia, Inflammatory disease and endocrine/hormonal causes.
II, This is considered to be medically necessary,
h) Polysomnogram:
L The patient has a history of snoring and napping on weekends.

II. There is no mention of any in office tests such as the Epworth sleepiness scale to assess for daytime somnolence.
iii. There is a history of insomnia and depression but no mention of any significant change in the patient's sleep patterns since the injury,
iv. Psychological etiology for the insomnia is likely,
v. In this setting, guidelines cited below do not support the requested polysomnogram.
vi. Not recommended. ·
I) Zomig Nasal Spray (Zoimitriptan):
i. MTUS guidelines don't address treatment of migraines.
ii. Per http://www.zomig.com this is indicated for treatment of migraine with without aura.
iii. It Is a5 HT receptor agonist (triptan).
iv. A trial Zomig is arguably considered to be medically necessary.
v. Recommended.
)) Topamax:
1. Per http://www.topamax.com/ this is indicated for prevention of migraine headaches.
ii. A trial of this is arguably centered to be medically necessary.
iii. Recommended.
k) Follow-Up is indicated for the neurologist to evaluate the diagnostic testing and to assess the patient's response to treatment.
5. Per the 4/15/13 Neurology consultation report:
a) Subjective: Patient is seen for a main complaint of headaches. Patient was struck on the head with a wooden block. She sustained the impact to the (L) temple region and immediately developed a headache that Involved the (L) temple, but also it spread bioccipitally. As a result of this problem, she was seen by a physician about 5 days later and also went to the emergency room where a CT scan of the brain was done that showed no abnormalities. Ever since this time, she has had near daily headache. These headaches have been situated in the bifrontal and bioccipital regions. They are throbbing in nature. There is associated nausea but no vomiting. The intensity of the pain can escalate to a 9/10. Her average discomfort on a daily basis is closer to a 4/10. There is associated photophobia and phonophobia. Head movement worsens the pain. Her balance has been off and she feels dizzy with her headaches. Her Vision has not changed and she has not developed any features of migraine aura, She has had no associated neck pain. In terms of her current management, she has been using either Tylenol or Advil on an almost daily basis since her head injury. She usually takes 2 doses, usually at 9 a.m. and at 1 p.m. and she will either use 1 tablet of Tylenol or 1 tablet of Advil at each of these times. There to no excessive caffeine in her diet Her IITT-6 score is 61 consistent with severe headache related disability. Her PHQ-9 score is 3 consistent with normal mood.
b) Objective: Head and neck exam: There is a full range of neck movement. L'Hermitte's sign is negative. There is no cervical dystonia. There is no head-forward posturing. The patient does not have any tenderness of the long cervical paraspinal muscles or trapezius muscles. No trigger points are noted in the cervical or shoulder girdle musculature. Vascular exam: There are no carotid bruits heard. There is no carotidynia. The superficial temporal arteries are nontender and no nodules are palpable. Mental status: Affect is appropriate. No anxiety or depression. Speech is fluent. No dysarthia or aphasia. Cognitive function shows excellent recent and remote recall, adequate attention span. Cranial nerves: This shows fundi normal. No papilledema. No optic atrophy. Visual fields are full to confrontation testing. Extraocular movements are full. There is no nystagmus or diplopia. Pupils are equal and reactive. There is no Homer syndrome. There is no facial asymmetry or weakness. Palate and tongue move symmetrically well. Gait and station: Normal. There is no ataxia or spasticity noted. Motor: Motor exam shows no pronation of the outstretched upper extremities. No involuntary movements are present. There is no focal wasting, fasciculations or weakness. Sensory: Testing shows normal superficial, deep and cortical sensation. Bilaterally applied sensory stimuli are well appreciated. Vibration sense is intact in the feet. Straight leg raising can be done to 90 degrees without development of sciatica. Reflexes: Reflex are symmetrically present at 2+. No abnormal reflexes are elicited. Cerebellar: This shows normal finger-to-nose testing. No ataxia noted on gait testing. Musculoskeletal: The temporomandibular joints show no clicking or crepitus. There is no deviation of the jaw on mouth opening. The vertical aperture measures 3 fingerbreadths.
c) Impression: This patient presents with a history of high-frequency headache. This has been in place for about 7 weeks. Her headaches have features that are strongly suggestive of migraine. Temporally she relates them to a blunt head Injury. Her headaches that preceded this, though, do have migrainous features and it is conceivable that this injury prompted her to have her first migraine. The ongoing headache could well be related to medication overuse, as

she is using Tylenol or Advil on a near daily basis. Sleep apnea also needs to be ruled out.
d) Plan: Workup will be initiated to include head MRI scan with and without gadolinium and laboratory lasting for BUN, Creatinine, ESR. C-Reactive Protein, TSH, Electrolytes, CBC, Estradiol, FSH and LH Levels. Polysomnogram will be done. She was educated about medication overuse headache and advised to wean off of Tylenol and Advil. For her acute care, she was prescribed Zomig Nasal Spray 5mg dose, not to be used more than 2 days out of each week. For her preventive care, she was prescribed Topamax beginning with 25mg a day and titrating up to 100 mg a day: Potential side effects were reviewed with her, including the teratogenic issues. She was advised to lose weight and to start a:n exercise program. She was referred to the online headache class at the-headachecenter.com to learn more about migraine prevention. Follow-up has been arranged to coordinate her care In 1 month's time.
6. Per the 4/18/13 Authorization request form:
a) Diagnosis: Migraine.
b) Procedure: MRI Brain With and Without contrast.
7. Per the 4/18/13 Authorization request form:
a) Diagnosis: Migraine.
b) Procedure: Sleep Study.
8. Per the 4/18113 Authorization request form:
a) Diagnosis: Migraine.
b) Procedure: Follow-up Office visit.
9, Per the 4/15/13 Diagnostic study referral form:
a) Diagnosis code: 346.70
b) MRI-Brain-with and without contrast
c) Other. Sleep study: PSG.
d) Additional notes: 1 month follow up office visit, post studies.
1 a. Per the 3/8113 Occupational Medicine report;
a) Subjective: Patient continues with headaches, pain in the back of the head and feeling of "7 -Up bubbles bubbling up" from the back of her head to the top of her head. She has returned to work full duty but by noon the headaches are so bad she feels she cannot continue. By the end of the work day she states she is in tears. She states she has been more emotional lately. She has a male co-teacher in the classroom but as a matter of course, she performs some of the hygiene practices for the kids which she is not able to do. The constant and repetitive bending, stooping makes her headaches worse. She denies any visua1 changes, nausea or vomiting. She states she is mildly dizzy though she denies ever having fallen.
b) Objective: Non tender to palpation, no stepoffs. Neuro: Alert and oriented x3, CN II-XII intact, gait is intact without any ataxia. Negative Romberg. No pronator drill. Upper extremities: Reflexes 2+ DTR bilateral elbows. Normal light touch sensation in all dermatomes. Motor strength 5/5 throughout. Lower extremities: Reflexes 2+ DTR bilateral knees, + DTR bilateral ankles. Normal light touch sensation in all dermatomes. Motor strength 5/5 throughout.
c) Diagnosis: Concussion with no loss of consciousness active."

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 5/3/2013)
- Utilization Review Determination from [redacted] (dated 4/24/2013)
- Employee Medical Records from [redacted] (dated 2/27/13)
- Employee Medical Records from [redacted] (dated 3/01/13; 3/8/13;3/15/13,3/22/13;4/1/13; 4/19/13; 5/31/13)
- Employee Medical Records from [redacted] (dated 5/14/13)
- Employee Medical Records from [redacted] (dated 6/3/13)
- Official Disability Guidelines (ODG)-Chapter 4 Pain-Polysomnography

1) **Regarding the request for Polysomnogram/Sleep Study:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) Chapter 4 Pain-Polysomnography, which is a Medical Treatment Guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the MTUS did not apply to the issue at dispute and based his/her decision on the ODG, (latest version) Chapter 4 Pain-Polysomnography, which is a Medical Treatment Guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:
The employee was involved in a work-related injury on 2/21/2013, which resulted in a concussion with no loss of consciousness. The medical records provided and reviewed indicate the employee has a high frequency of ongoing headaches, which have been treated with Tylenol and Advil on a near daily basis. The medical report of April 15, 2013 documents the employee has a history of snoring and napping on weekends. The request is for polysomnogram/sleep study.

MTUS does not specifically address polysomnogram/sleep study, therefore the Official Disability Guidelines (ODG) were referenced. ODG states the criteria for polysomnography includes excessive daytime somnolence; history of cataplexy; morning headache; intellectual deterioration; personality change; or increase in the insomnia complaint (as a result of the head injury) for six (6) weeks unresponsive to behavior intervention and sedative promoting medications. A sleep study for the single issue of snoring without one of the above mentioned symptoms does not meet the criteria for polysomnography/sleep study. The request for polysomnography/sleep study **is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.