

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED] [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 6/8/2007
IMR Application Received: 8/26/2013
MAXIMUS Case Number: CM13-0016214

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one Epworth sleepiness scale is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one psychological testing is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Zolpidem 10mg #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one follow up visit is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **three Nystagmus Testing: Optokinetic; Spontaneous; and Positional is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 request for **one Epworth sleepiness scale is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one psychological testing is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Zolpidem 10mg #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one follow up visit is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **three Nystagmus Testing: Optokinetic; Spontaneous; and Positional 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 Psychiatry, 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.

Expert Reviewer Case Summary:

This is a 50 year old male who fell from a tree about 50 feet in 2007. He suffered multiple musculoskeletal injuries. His hypertension was apparently worse after his fall. He was suspected of having nervous system injury that may have caused erectile dysfunction. He suffered from insomnia. He has suffered from headache, back pain, ankle pain, neck pain as well as dizziness.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one Epworth sleepiness scale:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on National Clearinghouse Guidelines, Schutte-Rodin S, Broch, L., Buysse D., Dorsey, C., Sateia, M., “Clinical Guidelines for the evaluation and management of chronic insomnia in adults”. Journal of Clinical Sleep, October 2008, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the American Association of Sleep Medicine, which is not part of the MTUS.

Rationale for the Decision:

The Epworth Sleepiness Scale is endorsed by the American Association of Sleep Medicine to assess the general level of sleepiness. Although The Epworth Sleepiness Scale is not mentioned in the MTUS nor in the Official Disability Guidelines, The American Academy of Sleep Medicine has nationally recognized professional standards published in the Journal of Sleep Medicine, Volume 4, No. 5, 2008. In a special article entitled “Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults” on page 487 of the Journal of Sleep Medicine, Volume 4, No. 5, 2008, it is noted that there are instruments which are helpful in the evaluation and differential diagnosis of insomnia. These include self-administered questionnaires, at-home sleep logs, symptom checklists, psychological screening tests, and bed partner interviews. Part of the minimum guidelines include the Epworth Sleepiness scale. A review of the medical records indicates the employee suffers from insomnia. As such, the administration of one Epworth Sleepiness Scale is both medically necessary and appropriate for this case. **The request for one Epworth sleepiness scale is medically necessary and appropriate.**

2) Regarding the request for one psychological testing:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15), page 397, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate in that neuropsychological testing may be useful in some circumstances. The ODG recommends neuropsychological testing for patients suffering from a traumatic brain injury. The medical records submitted for review indicate the employee fell 50 feet from a tree suggesting a severe traumatic brain injury is extremely likely. As such, the request for psychological

testing is recommended as certified. **The request for one psychological testing is medically necessary and appropriate.**

3) Regarding the request for Zolpidem 10mg #30:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem, which is part of MTUS.

Rationale for the Decision:

Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. A review of the submitted medical records indicates the employee's injury took place in 2007. While Zolpidem may have been appropriate for use for the first 4-6 weeks following the injury, Zolpidem is not approved for use for more than 6 weeks. Tolerance develops rapidly for the hypnotic effect of Zolpidem and this is a major aspect of the guideline recommendation against use of Zolpidem for more than six weeks. **The request for Zolpidem 10mg #30 is not medically necessary and appropriate**

4) Regarding the request for one follow up visit :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Head, Office visits, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) (Head), which is not part of the MTUS.

Rationale for the Decision:

Office visits with a medical doctor are essential to the ongoing evaluation and management of an injured worker. One office visit is reasonable. This is clearly delineated in the Official Disability Guidelines, Head chapter. **The request for one follow up visit is medically necessary and appropriate.**

5) Regarding the request for three Nystagmus Testing: Optokinetic; Spontaneous; and Positional :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Bhattacharyya N, Baugh RF, Orvidas L, Barrs D, Bronston LJ, Cass S, Chalian AA, Desmond AL, Earll JM, Fife TD, Fuller DC, Judge JO, Mann NR, Rosenfeld RM, Schuring LT, Steiner RW, Whitney SL, 1-laidari J, American Academy of Otolaryngology-Head and Neck Surgery Foundation. Clinical practice guideline: benign paroxysmal positional vertigo. Otolaryngol Head Neck Surg. 2008 Nov;) 39(5 SI.lpp1 4):S47-81, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Clinical Practice Guideline, American Academy of Otolaryngology, which is not part of the MTUS.

Rationale for the Decision:

The CA MTUS does not mention nystagmus testing. However, the Clinical Practice Guideline, American Academy of Otolaryngology has a specified list of interventions and practices considered for the evaluation of benign paroxysmal positional vertigo. Nystagmus testing, optokinetic, spontaneous and positional is recommended as non-certified. **The request for three Nystagmus Testing: Optokinetic; Spontaneous; and Positional 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

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.