**MAXIMUS FEDERAL SERVICES, INC.**
Independent Medical Review
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MAXIMUS Federal Services

## Notice of Independent Medical Review Determination

Dated: 11/7/2013

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| Employee: | |
| Claim Number: | |
| Date of UR Decision: | 7/21/2013 |
| Date of Injury: | 3/19/2008 |
| IMR Application Received: | 7/29/2013 |
| MAXIMUS Case Number: | CM13-0004149 |

1) MAXIMUS Federal Services, Inc. has determined the retrospective request for one (1) psychological evaluation **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for one (1) sleep evaluation **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 retrospective request for one (1) psychological evaluation **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for one (1) sleep evaluation **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.

**Expert Reviewer Case Summary:**

The patient is a 72-year-old male who reported a work-related injury on 03/19/2008 as a result of a fall. The patient subsequently underwent surgical interventions on 10/01/2008 indicative of a cervical laminectomy at C4 through C6 and a lumbar laminectomy at L5-S1. Subsequent to these initial operative procedures, the patient additionally underwent C3 through C7 laminectomy decompression with fusion, L3-4 laminectomy decompression, as well as an L3 to L5 foraminotomy and decompression, foraminotomies and decompression of the L2 to S1 as well as L2 to L5 and L2 through S1 medial facetectomies and decompression. A clinical note dated 01/24/2013 reports the patient was seen for follow-up under the care of Dr. [redacted] for his chronic pain complaints. The provider documented the patient reports feeling somewhat depressed with a multitude of problems, in addition to cervical spinal disease, lumbar spinal disease, as well as advanced carpal tunnel syndrome. The provider documents additionally the patient has advanced knee arthritis bilaterally which requires surgical interventions. The provider documents the patient reports he has no assistance at home and is finding it more difficult to ambulate any significant distance. The patient reports altered sleep hygiene from description as well as altered sleep wake cycle. The patient reports he snores and has a significant amount of daytime drowsiness that had been becoming more of a problem. The provider documents the patient utilizes hydrocodone 10/325 1 by mouth twice a day to 3 times a day as needed, tramadol, omeprazole, and anti-inflammatories as well as a muscle relaxer. The provider documents the patient had not utilized medications to help with sleep that were recommended just a few months ago. The provider documented upon physical exam of the patient he had a strongly positive Tinel's at the right wrist, strength was unchanged, and lumbar spine range of motion revealed no significant tenderness to palpation. The provider reported bilateral knee joints were stable and crepitus was noted throughout in all compartments on range of motion. The provider recommended addition of Cymbalta 30 mg by mouth every day for the patient, for both depression and persistent pain

complaints. Additionally the provider recommended a home sleep study as well as a psychological evaluation.

**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 Employee/Employee Representive
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** one (1) psychological evaluation **:**

   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 American College of Occupational and Enviormental Medicine, 2nd Edition, (2004), Chapter 14, Stress Related Conditions, pages 397-398, which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Psychological evaluations, pages 100-101, which is part of MTUS.

   Rationale for the Decision:
   Chronic Pain Guidelines state, "Psychological evaluations are generally accepted well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." Review of the submitted medical records indicates that the employee has undergone at least 2 psychiatric Agreed Medical Examinations and the employee's provider recommended that the employee utilize psychiatric treatment in the form of cognitive behavioral therapy for a period of 6 months on a weekly basis not only in view of his ongoing chronic pain, but also because the employee may have forthcoming surgeries most likely to his bilateral knees and wrists. There is a lack of evidence in the submitted documents to support that the employee has utilized any psychiatric treatment since the provider's recommendations. **the retrospective request for one (1) psychological evaluation is not medically necessary or appropriate.**

2) **Regarding the request for** one (1) sleep evaluation**:**

   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 American College of Occupational and Environmental Medicine (ACOEM), (2004), 2nd Edition, Chapter 14, Stress related conditions, page 398, which is 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), Pain Chapter, Criteria for Polysomnography.

Rationale for the Decision:
Official Disability Guidelines (ODG) indicates specific criteria prior to the requested intervention to include, "(1) excessive daytime somnolence; (2) cataplexy; (3) morning headache; (4) intellectual deterioration; (5) insomnia complaints for at least 6 months." The clinical notes provided do not document evidence that the employee has been unresponsive to behavior interventions and sedatives/sleep promoting medications and there is a lack of evidence that a psychiatric etiology has been excluded. A review of the records indicates that the provider did prescribe the employee hypnotics for the sleep pattern complaints, however it is not documented whether or not the employee has begun to utilize these medications. **The retrospective request for one (1) sleep evaluation 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

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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.