

Case Number:	CM14-0144415		
Date Assigned:	03/03/2015	Date of Injury:	12/11/2006
Decision Date:	10/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	09/05/2014

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.

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 51-year-old male, who sustained an industrial injury on December 11, 2006. The diagnoses have included traumatic brain injury, post traumatic cervicogenic and migraine headaches, communicating hydrocephalus with shunt in place, cervical spondylosis with radiculopathy, torticollis, and chronic pain, lumbar spondylosis with radiculopathy spasm with scoliosis and chronic pain, hypothyroidism from pituitary failure, hypogonadism from pituitary failure and MOSH, osteoporosis, opiate needs for chronic pain, post traumatic organic brain syndrome, history of renal stones induced by Topamax, dental malocclusion from the effects of brainstem injury on the facial muscles of mastication, dental loss from chronic opiate therapy, depression with anxiety and panic, inappropriate daytime somnolence related to medications, poor BiPAP titration, central sleep apnea or restless legs, autonomic neuropathy; central due to head injury causing position-related dizziness, peristalsis dysfunction and gastroesophageal reflux disease, pituitary tumor vs. hyperplasia from shunt tubing irritating the breast, shunt tubing irritation of the hypothalamus or idiopathic. Treatment to date has included pain medication. Currently, the injured worker complains of dizziness, memory, mood, cognitive, judgment and executive functioning deficits. In a progress note dated February 3, 2014, the treating provider reports examination was abnormal. On May 23, 2014 Utilization Review non-certified a Botox 200 units, polysomnogram, lumbar epidural steroid injection , Methadone levels, vitamin levels, and in home care 8 hours a day 7 days a week, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units: Upheld

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

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

Decision rationale: The medical records provided for review do not indicate a condition of headache or any noted features of migraine. There is no indication of monthly frequency or associated signs or features with the headaches. There is no indication of a diagnosis of spasticity. The medical records provided for review do not indicate a condition for which Botox is supported under ODG guidelines for therapy. The request for Botox 200 units is not medically necessary.

Polysomnogram: 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), Polysomnography.

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

Decision rationale: ODG guidelines support sleep study after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep- promoting medications, and after psychiatric etiology has been excluded. The medical records provided for review indicate difficulty sleeping in association with psychological state, but does not indicate failure of at least 6 months of insomnia complaint. There is no report of abnormal snoring, excessive daytime sleepiness or report of abnormal Epworth sleep score in support of procedure. As such, the medical records provided for review do not support medical necessity of study. The request for Polysomnogram is not medically necessary.

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, ESI.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such, the medical records do not support the use of ESI congruent with ODG guidelines. The request for Lumbar Epidural Steroid Injection is not medically necessary.

Methadone Levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Clinical Laboratory Tests: "Which, Why and What Do The Results Mean?"

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

Decision rationale: ODG guidelines support urine drug testing for Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. The medical records provided for review do not document a formal assessment of addiction risk or report intent for chronic opioid therapy. The medical records do not indicate ongoing concern for compliance or rationale for methadone level versus opioid urine drug screen. As the medical records do not support these assessments, methadone level is not supported for current care. The request for Methadone Levels is not medically necessary.

Vitamin Levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Clinical Laboratory Tests: "Which, Why and What Do The Results Mean?"

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

Decision rationale: The medical records provided for review do not indicate any specific condition related to vitamin deficiency or toxicity or indicate an h/o vitamin deficiency/toxicity. The medical records provided for review do not indicate how vitamin levels will be used to determine prognosis or treatment of the insured. There is no indication of a malabsorption condition or malnutrition documented in the medical records. In the absence of demonstrated neurologic condition that would be related to vitamin deficiency or toxicity, vitamin level testing is not supported. The request for Vitamin Levels is not medically necessary.

In Home Care 8 hours a day/ 7 days a week: Upheld

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

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

Decision rationale: The medical records provided for review do not indicate specific goals of therapy or indicate specific ADLS the insured is not able to do or perform safely in support of need for home attendant care. There is no indication of mitigating circumstances supporting a medical necessity for such care. As such, the medical records do not support medical necessity for this care congruent with ODG guidelines. The request is not medically necessary.