

<b>Case Number:</b>	CM14-0073925		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61-year-old female worker who was injured on 4-3-13. The medical records reviewed indicated the injured worker (IW) was treated for strain of lumbar region, piriformis muscle spasm and lumbosacral radiculitis. The most recent progress note (4-1-14) indicated the IW had low back pain rated 7 out of 10, radiating to the right leg and calf. The pain was worse with sitting and better with rest. The IW was on modified duty, but it was unclear if she was working. On physical examination (4-1-14 record), there was mild tenderness and spasms to the right lumbar paraspinals and the right gluteus medius and minimus. Range of motion, muscle strength and tone, sensation and reflexes were within normal limits bilaterally. Straight leg raise was negative to 90 degrees bilaterally. Treatments have included previous epidural steroid injections (cervical and possibly lumbar). A Request for Authorization asked for acupuncture twice a week for six weeks for the cervical, thoracic and lumbar spine and a sleep study. The Utilization Review on 4-23-14 modified the request for acupuncture twice a week for six weeks for the cervical, thoracic and lumbar spine to allow four visits and non-certified the request for a sleep study, due to lack of a clinical indication for the testing. The UR decisions were rendered after the reviewer's conversation with the provider.

### 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, Pain Chapter, 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 and pg 114.

**Decision rationale:** According to the ODG guidelines, a sleep study is recommended 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. Criteria for a sleep study include: 1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. There is no documentation of personality changes or snoring, etc. The request for a sleep study is not medically necessary.

**Acupuncture 2x6 to cervical, thoracic, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has chronic back pain and intervention with acupuncture may be beneficial. A trial of 3-6 sessions may be appropriate. However, the request for 12 sessions exceeds the guidelines limit. Therefore, the request is not medically necessary.