

Case Number:	CM13-0007223		
Date Assigned:	04/23/2014	Date of Injury:	11/20/2010
Decision Date:	05/23/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. 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 49 year old male who reported an injury on 11/20/2010 due to a fall. Per the 09/03/2013 clinical note, the injured worker reported lower back pain and trouble sleeping. The physical exam showed tenderness to palpation of the paravertebral muscles, decreased range of motion of the lumbar spine, and normal motor strength of the lower extremities. The diagnoses included left leg radiculopathy, L4-S1 degenerative disc disease, L4-S1 stenosis, and status post L5-S1 fusion on 07/20/2013. As of 11/21/2013, the injured worker was started on Restoril. A sleep study was recommended when the injured worker's oxygen levels dropped postoperatively. The request for authorization form was submitted on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT SLEEP STUDY TEST: 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), Pulmonary, Noninvasive Positive Ventilation (NPPV).

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

Decision rationale: Per the 09/03/2013 clinical note, the injured worker reported lower back pain and trouble sleeping. The physical exam findings included tenderness to palpation and decreased range of motion of the lumbar spine, as well as normal motor strength of the lower extremities. The Official Disability Guidelines state polysomnograms / sleep studies are recommended for the combination of indications listed below: (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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Per the provided documentation the injured worker's main complaint was documented as snoring. It did not appear the injured worker had excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep related breathing disorder, or an insomnia complaint for at least six months unresponsive to medications. As of 11/21/2013, the injured worker was started on Restoril; the efficacy of the medication is unclear. The request for Sleep Study Test is not medically necessary.