

Case Number:	CM13-0013174		
Date Assigned:	09/26/2013	Date of Injury:	05/11/2011
Decision Date:	01/23/2014	UR Denial Date:	07/27/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 patient is a 58-year-old male who reported an injury on 05/11/2011 due to cumulative trauma while performing normal job duties. The patient had persistent cervical and lumbosacral spine pain. The patient was treated with chiropractic care, aquatic therapy, physical therapy, a home exercise program, medications, and psychiatric support. The patient's most recent clinical examination findings included positive straight leg raising test for low back pain, decreased sensation in the L4-5 dermatomes and tenderness to palpation and spasms along the cervical spine musculature and lumbosacral musculature. The patient's diagnoses included lumbosacral strain with left L2 radiculopathy. The patient's medications included Motrin 800 mg and Soma as needed. The patient's treatment plan included continuation of a home exercise program and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 polysomnography study: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Polysomnography.

Decision rationale: The polysomnography study is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any deficits in the patient's sleep hygiene to support the need for this type of study. Official Disability Guidelines recommend that this type of study be conducted on patients who have had at least 6 months of problems with sleeping that have not been responsive to medications and have caused disturbances in the patient's ability to function. The clinical documentation submitted for review does not address any deficits related to sleep dysfunction. As such, the requested polysomnography study is not medically necessary or appropriate.