

Case Number:	CM13-0013514		
Date Assigned:	09/26/2013	Date of Injury:	12/04/2011
Decision Date:	02/11/2014	UR Denial Date:	08/01/2013
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 Orthopedic Surgery 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 claimant is a 48-year-old gentleman who was injured in a work related accident on December 4, 2011 sustaining injury to his low back. Recent clinical assessment for review includes a follow-up with [REDACTED] of June 12, 2013 indicating he had recommended sleep studies for the claimant due to his chronic low back complaints and sleep issues. Documentation of prior treatment in regards to the claimant's sleep conditions is not noted. Further clinical records in this case are not supportive of treatment to the claimant's low back, clinical imaging or prior conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Sleep Study related to Lumbar Spine Injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

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

Decision rationale: Guideline criteria, recommendations for polysomnography are recommended only for six months of an insomnia complaint that has been unresponsive to

behavioral intervention, medications and elimination of psychiatric etiology. The records in this case do not indicate prior understanding or response to behavior intervention, usage of sleep medications or psychiatric assessment to exclude other forms of etiology. Based on the above, the role of the sleep study in this case would not be supported as medically necessary.