

Case Number:	CM13-0019314		
Date Assigned:	10/11/2013	Date of Injury:	04/24/2013
Decision Date:	02/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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 Subspecialty in Cadiology, 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 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 52-year-old male who reported an injury on 07/02/2013. The patient is currently diagnosed with lumbar radiculopathy, episodic dizziness, and diminished balance, sleep maintenance insomnia, and complaints of hemorrhoidal rectal bleeding. The patient was seen by [REDACTED] on 07/02/2013. Physical examination revealed tenderness in the lumbar region at the midline over the spinous processes, no peripheral edema, and intact sensation. The patient demonstrated 5/5 motor strength in bilateral upper extremities and weakness in the right lower extremity, and decreased pinprick sensation at the lateral aspect of the right foot. Treatment recommendations included a polysomnographic sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnographic sleep recording: 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), Pain (Chronic), Polysomnography

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

Decision rationale: Official Disability Guidelines state a polysomnography may be indicated for patients with excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, or insomnia complaints for at least 6 months, with unresponsiveness to behavior intervention and exclusion of psychiatric etiology. As per the clinical notes submitted, the patient does report sleep disturbance. However, there is no clinical evidence consistent with the diagnosis that would warrant the need for a sleep study. The patient does not currently meet criteria, as there is no evidence of cataplexy, morning headache, intellectual deterioration, personality change, or unresponsiveness to behavior intervention and exclusion of psychiatric etiology. As such, the request is non-certified.