

Case Number:	CM13-0027979		
Date Assigned:	11/22/2013	Date of Injury:	05/11/2011
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pulmonary Diseases 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 55-year-old male who reported an injury on 05/11/2011. The mechanism of injury was noted as overuse of his right upper extremity. The patient's diagnoses include abdominal pain, gastropathy secondary to NSAIDS, bright red blood per rectum secondary to hemorrhoids, weight loss, sleep disorder, insulin-dependent diabetes mellitus, hypothyroidism, vitamin D deficiency, and hypergonadism. A recommendation was made for a sleep study with CPAP titration to rule out obstructive sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Split sleep study with CPAP titration: 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: Official Disability Guidelines state that polysomnography is recommended after at least 6 months of insomnia complaints at least 4 nights a week, unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been

excluded. The criteria for sleep studies include that documentation should show excessive daytime somnolence, cataplexy, morning headaches, personality change not secondary to medication, cerebral mass, or known psychiatric problems, insomnia complaint for at least 6 months, at least 4 nights a week, unresponsive to behavior intervention and medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring without 1 of the above mentioned symptoms is not recommended. Documentation states that the patient has a sleep disorder, a sleep study with CPAP titration was recommended to rule out obstructive sleep apnea; however, detailed documentation of the patient's symptoms was not found in the medical records provided. Additionally, there were no objective findings listed related to sleep disorder. As there was a lack of detailed documentation pertaining to the request in the medical records submitted for review, it is unknown whether the patient meets the criteria for a sleep study according to the Official Disability Guidelines. For this reason, the requested service is non-certified.