

Case Number:	CM13-0033822		
Date Assigned:	12/06/2013	Date of Injury:	12/14/2012
Decision Date:	02/26/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine & Rehabilitation 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.

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 46-year-old male who reported an injury on 12/14/2012 after he sustained a closed head injury. The patient's most recent clinical examination findings included tenderness to palpation of the cervical paravertebral musculature bilaterally with limited range of motion secondary to pain. The patient's diagnoses include status post closed head injury with post-concussion syndrome, cervical paraspinal muscular strain secondary to head injury, hypertension, and depression. The patient's treatment history included medications and psychiatric support. The patient's treatment plan included a dental evaluation and MRI of the jaw and continued psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep 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 requested sleep study is not medically necessary or appropriate. Official Disability Guidelines recommend a sleep study when there has been documentation of disrupted sleep patterns for over 6 months that have been non-responsive to pharmacological and

non-pharmacological interventions. The clinical documentation submitted for review does not provide any evidence that the patient has had sleep disturbances for a period of 6 months or longer that have failed to respond to pharmacological and non-pharmacological interventions. Therefore, a sleep study would not be indicated. As such, the requested sleep study is non-certified.