

Case Number:	CM13-0034050		
Date Assigned:	12/11/2013	Date of Injury:	10/20/2009
Decision Date:	02/25/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 10/20/2009. The mechanism of injury was not specifically stated. The patient's diagnoses include history of transient ischemic attack, left atrial enlargement, and rule out sleep apnea disorder. The patient was noted to have complained of fatigue and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study between 5/14/2013 and 11/14/2013: 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).

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

Decision rationale: According to the Official Disability Guidelines, polysomnography is recommended after at least 6 months of an insomnia complaint and the insomnia needs to occur at least 4 nights per week. The patient needs to have been unresponsive to behavior intervention and sedative/sleep promoting medications, and psychiatric etiology needs to have been excluded.

Additionally, the patient needs to have complained of excessive daytime somnolence, possible cataplexy, morning headaches, intellectual deterioration, and a personality change. The clinical information submitted for review indicates that the patient has complained of long-term fatigue. However, his insomnia complaints were not elaborated on, and it is unknown how many nights per week the insomnia occurred or how long he has had trouble sleeping. Additionally, it is unknown whether the patient has had behavior intervention or a sedative/sleep promoting medication, and whether psychiatric etiology has been excluded. As such, the patient fails to meet the criteria for polysomnography. For this reason, the request is non-certified.