

Case Number:	CM13-0034674		
Date Assigned:	12/11/2013	Date of Injury:	08/03/2006
Decision Date:	02/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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:

56 year old male status post industrial injury 8/3/06. Patient with recent clinic visit demonstrating neck and low back pain, inner ear, concussion, headaches, dizziness, nasal fracture, depression and hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Evaluation at [REDACTED]: 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).

Decision rationale: CA MTUS/ACOEM is silent on the issue of polysomnogram. According to the Official Disability Guidelines (ODG), it states, "polysomnography is recommended after at least 6 months of an insomnia complaint (at least 4 nights a week), unresponsive to behavioral intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded." Criteria for polysomnography: In-lab polysomnograms/sleep studies are recommended for the combination of indications listed below: 1.) Excessive daytime somnolence 2.) Cataplexy 3.) Morning headaches (other causes ruled out) 4.) Intellectual deterioration 5.)

Personality changes 6.) Insomnia complaint for at least 6 months. In this case there is no evidence of a diagnosis of insomnia and/or failure of 6 months of complaints meeting the criteria listed above to warrant medical necessity. Therefore the determination is non-certification.