

Case Number:	CM13-0034792		
Date Assigned:	12/11/2013	Date of Injury:	06/23/2013
Decision Date:	01/30/2014	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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Diseases 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 56-year-old male who reported an injury on 06/23/2003. The patient is currently diagnosed with diabetes mellitus, hypertension, diabetic hypertensive retinopathy, proteinuria, hyperlipidemia, sleep disorder secondary to chronic pain and stress, moderate right-sided hydronephrosis, and tenia pedis secondary to diabetes mellitus. The patient was seen by [REDACTED] on 03/14/2013. Physical examination revealed normal findings. Treatment recommendations included continuation of current medications and an updated split 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:

A 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), Chronic Pain Chapter, Polysomnography.

Decision rationale: The ODG state polysomnography is recommended after at least 6 months of insomnia complaints, the patient's unresponsiveness to behavioral interventions and sleep promoting medications, and after psychiatric etiology has been excluded. As per the clinical notes submitted, the patient has not reported a significant change in sleep condition, and only recently during the 05/29/2013 visit did the patient complain of decreased sleeping ability. There was no reasoning or discussion as to potential causes; therefore, guideline criteria for sleep studies has not been met. There was no evidence of daytime somnolence, cataplexy, morning headache, or complaint of this disruption for at least 6 months. The medical necessity for the requested service has not been established. As such, the request is non-certified.