

Case Number:	CM13-0038149		
Date Assigned:	12/18/2013	Date of Injury:	02/08/2012
Decision Date:	04/14/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 expert 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 38 year old male with date of injury on 02/08/2012. He was using a forklift loading a trailer when he was jostled in his seat and injured his neck and back. X-ray was normal on 06/08/2012 a cervical spine MRI revealed disc bulges with mild left neural foraminal narrowing at C5-C6 and central canal narrowing at C6-C7. MRI of the lumbar spine revealed disc bulges and mild central canal narrowing at L4-L5 and L5-S1 with right mild neural foraminal narrowing at L4-L5. On 07/10/2012 he had bilateral upper extremity EMG/NCS that revealed bilateral carpal tunnel syndrome and a probably C7 radiculopathy. Straight leg raising was negative. He has full range of motion. Motor strength was intact. He was treated with medication, chiropractor care, physical therapy, home exercise program and activity restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION FOR SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, 2nd Edition , Chapter 7- Independent Medical Examinations And Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

Decision rationale: MTUS ACOEM Chapter 12 for low back complaints or Chapter 8 for neck complaints do not mention sleep studies in the management of injuries. There is no documentation of any symptoms of a sleep disorder. There is no history of daytime hypersomnia, witnessed apnea, awakening at night gasping, morbid obesity, heavy snoring, elevated Malampati score or an abnormal oropharyngeal anatomy. Daytime hypersomnia is the cornerstone for a diagnosis of sleep apnea, narcolepsy or idiopathic hypersomnia. The documentation does not substantiate the medical necessity of a sleep study.

EPWORTH SLEEP TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, 2nd Edition, Chapter 7- Independent Medical Examinations And Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Kryger Mh, Roth T, Dement Wc. Principles And Practice Of Sleep Medicine, 5th Edition. 2011

Decision rationale: The Epworth Sleepiness score is a questionnaire of 8 questions of the likelihood of falling asleep under certain circumstances. The questions are rated 0 - 3 based on the likelihood of falling asleep. 0 is no chance and 3 is highly likely. Thus the highest score is 24 and lowest is 0. Normal is 0 - 9. Referral for this questionnaire is not medically necessary as any provider is able to ask a patient 8 questions.