

Case Number:	CM13-0042823		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2012
Decision Date:	07/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/21/2013

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 Nevada. 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 injured worker is a 45-year-old female who was reportedly injured on October 8, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated October 21, 2013, is difficult to read and indicates that there are ongoing complaints of flares of low back pain radiating to the right and left lower extremity and right knee pain. There were complaints of difficulty sleeping. The physical examination demonstrated tenderness along the lumbar spine and a positive bilateral straight leg raise. Examination of the right knee noted tenderness at the medial and lateral joint line, patella femoral crepitus, guarding, and a positive McMurray's test. A request had been made for a sleep consultation and was not certified in the pre-authorization process on September 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP CONSULTATION: 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 (Chronic), Polysomnography, Updated July 10, 2014.

Decision rationale: The medical record dated October 12, 2013, does indicate there is difficulty sleeping. It is assumed that this difficulty sleeping is due to pain as stated in the previous request for a sleep consultation in the prior utilization management review. There is no mention in the note dated October 12, 2013 about any prior treatment to help with the injured employee sleep to include pain management efforts, counseling and good sleep hygiene, or even specific sleep medications. Without documentation of these first-line treatments, and these reasons, this request for a sleep consultation is not medically necessary.