

Case Number:	CM13-0048440		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2010
Decision Date:	03/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/05/2013

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 and Rehabilitation, 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:

The patient is a 46-year-old who reported an injury on 09/13/2010. The injury was noted to have occurred when he was standing on a scaffold approximately 3 feet above the ground, and the scaffold above him broke and collapsed, striking him in the head and causing him to fall. His diagnosis is status post right shoulder arthroscopy. He was noted at his 09/23/2013 office visit to report difficulty sleeping despite taking Fexmid. His treatment plan included a prescription for Sonata, and a referral for a sleep study and consultation with a sleep specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One sleep consult and overnight study: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: According to the Official Disability Guidelines, a sleep study may be recommended after at least 6 months of an insomnia complaint occurring at least 4 nights per week, when the patient has been unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. The clinical

information submitted for review failed to provide documentation of at least 6 months of an insomnia complaint at least 4 nights a week. Additionally, there was no evidence that the patient was unresponsive to behavior intervention, sleep promoting medications, or a psychiatric consult to rule out psychiatric etiology. Therefore, the patient does not meet the criteria for polysomnography as stated by the Official Disability Guidelines. The request for one sleep consult and overnight study is not medically necessary or appropriate.