

Case Number:	CM13-0049284		
Date Assigned:	04/07/2014	Date of Injury:	07/18/2010
Decision Date:	08/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old male who reported an injury on 07/18/2010 due to being struck by a motor vehicle and he suffered a closed head injury and a left shoulder injury. The injured worker had a physical examination on 10/19/2013. This was the only report submitted for review. A sleep study was received and reviewed. The report of sleep detailed 14-24 and BMI of 27.1. Sleep efficiency was 70% with REM percentage 10.5%. Apnea to hypotony index was 1.4 and respiratory disturbance index was 1.4. Hypersomnia without significant sleep apnea with differential diagnoses included narcolepsy. The diagnoses for the injured worker was closed head injury, left scalp laceration, cervical sprain, post traumatic cervical occipital headaches, right hand/wrist fracture with pins, right ulnar collateral ligament tear for surgical reconstruction, upper back strain, lumbar sprain, reactive anxiety and depression secondary to closed head injury with features of post-traumatic stress disorder, left shoulder SLAP repair, subacromial decompression, distal clavicle resection, and right shoulder sprain. The medications were not reported. Past treatments were not reported. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC) 2012 ON THE WEB, POLYSOMNOGRAPHY (UPDATED 2/14/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography.

Decision rationale: The request for a follow up sleep study is not medically necessary. The report submitted for review recommended a follow up sleep study to evaluate a sleeping disorder and also perform sleep latency testing. The report did not indicate what type of sleeping disorder was to be evaluated on the injured worker. The Official Disability Guidelines for polysomnography state that it is recommended after at least 6 months of an insomnia complaint (at least 4 nights a week), unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. It was not noted in the reports submitted if the injured worker had been on a trial of sedatives to help sleep. It was not reported any details of why the sleep study was being requested. It was not reported how many nights a week the injured worker was having problems with sleeping. The medications for the injured worker were not reported. Therefore, the request is not medically necessary.