MAXIMUS Federal Services

Case Number:	CM13-0050360		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2012
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/13/2013

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 44-year-old male who reported an injury on 03/17/2012, due to a motor vehicle accident that reportedly caused injury to the right shoulder, neck, lower back, and both hips. Prior treatments included chiropractic care, physical therapy, and medications. The patient's most recent clinical documentation indicated that the patient was prescribed Ambien 10 mg to assist with sleep disturbances. The patient's diagnoses included cervical sprain/strain, lumbar sprain/strain, impingement syndrome, headaches with nausea, and gastrointestinal upset related to medication usage. The patient's treatment plan included the initiation of the use of Ambien and consultation with a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep disorder treatment: 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)

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

Decision rationale: The requested sleep disorder treatment is not medically necessary or appropriate. Official Disability Guidelines recommend polysomnography for patients who have symptoms of insomnia for greater than 6 months that have been unresponsive to behavioral intervention and medications, and psychiatric etiology has been excluded. The clinical documentation submitted for review does not provide any evidence that psychiatric etiology has not been ruled out for this patient. Additionally, the efficacy of the patient's pharmacological management of insomnia is not established within the documentation. Therefore, the need for a sleep study is not supported by the documentation. As such, the requested sleep disorder treatment is not medically necessary or appropriate.