

Case Number:	CM13-0050812		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2012
Decision Date:	03/13/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Illinois. 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 30-year-old male who reported an injury on 04/01/2012 due to repetitive motions while performing normal job duties. The patient reportedly sustained a low back injury. Previous treatments included physical therapy, aquatic therapy, medications, acupuncture, chiropractic care, and injection therapy. The patient's most recent clinical evaluation documented that the patient had previously undergone a diagnostic epidural steroid injection and medial branch block. The patient's most recent clinical examination findings included tenderness to palpation along the paraspinal musculature of the lumbar spine and spinous process with decreased range of motion secondary to pain. The patient's diagnoses included displacement of the lumbar intervertebral disc without myelopathy, L5 radiculopathy, and spinal stenosis of the L5 through the S1, lumbar facet joint hypertrophy of the L5 through the S1, degeneration of the lumbar and lumbosacral intervertebral discs. A request was made for pulmonary stress testing and sleep disordered breathing respiratory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary Stress Testing: 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) - Treatment for Workers' Compensation (TWC) - Pulmonary Procedure Summary

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

Decision rationale: The requested pulmonary stress testing is not medically necessary or appropriate. The Official Disability Guidelines recommend pulmonary function testing for patients with chronic lung diseases. The clinical documentation submitted for review does not provide any evidence that the patient has respiratory deficits that would require monitoring. Therefore, the need for pulmonary function testing is not clearly indicated within the documentation. As such, the requested pulmonary stress testing is not medically necessary or appropriate.

Sleep Disordered Breathing Respiratory: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health- NH Public Access- Author Manuscript.

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 Official Disability Guidelines recommend sleep studies when a patient has had at least 6 months of sleep deficits that have not been responsive to pharmacological environmental management. The clinical documentation submitted for review does not provide an adequate assessment of the patient's sleep hygiene to support the need for a sleep study. The Official Disability Guidelines recommend a sleep study for patients who have had 6 months of chronic insomnia that has not responded to pharmacological or environmental management. The clinical documentation does not provide any evidence that the patient has had severe weakness, changes in personality, cognitive deficits, or any other symptoms that would support the need for this type of study. Additionally, the Official Disability Guidelines recommend that psychological overlay be ruled out prior to a sleep study. The clinical documentation submitted for review does not provide any evidence that the patient has been examined and psychological overlay has been ruled out. As such, the requested Sleep disordered breathing respiratory is not medically necessary or appropriate.