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| Case Number: | CM13-0051345 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 12/31/2008 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

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 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 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 patient is a 52-year-old male who has submitted a claim for sleep disturbance, lumbar radiculopathy, bursitis, and diabetes mellitus associated with an industrial injury date of 12/31/2008. Medical records from 11/30/2012 up to 9/13/2013 were reviewed showing that the patient underwent a preliminary polysomnography on 11/30/2012 and found that the longest event is a 36s obstructive hypopnea with a minimum of SaO₂ of 94%. CPAP titration was performed. On 1/20/2013, a repeat polysomnography with CPAP titration was done which revealed obstructive sleep apnea, improved with CPAP and slight sleep maintenance insomnia. Treatment of sleep disturbance has included CPAP only. Utilization review from 10/8/2013 denied the request for sleep study. The records did not demonstrate that the patient was unresponsive to behavior intervention, medications, and after a psychiatric etiology has been excluded. Furthermore, the patient had previously undergone a sleep study in 2010. Without evidence that the patient's condition is worsening, the medical necessity for a repeat study cannot be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 TWC

2013, AMA GUIDELINES PAIN POLYSOMNOGRAPHY (SLEEP STUDY) PAGES 3-17 OF THE AMA GUIDES (5TH EDITION).

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 CA MTUS does not specifically address the request for sleep study. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In this case, the patient has been diagnosed with insomnia since at least 11/2012. Two sleep studies have been done with reports that his obstructive sleep apnea is improved with CPAP. The records did not demonstrate that the patient was unresponsive to behavior intervention, medications, and that a psychiatric etiology has been excluded. There is no documentation that the patient was taking sedative/sleep promoting medications. There is no evidence that the patient's condition is worsening; hence, no clear rationale is presented for a repeat testing. Therefore, the request for a sleep study is not medically necessary.