

<b>Case Number:</b>	CM13-0064371		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine, 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 53 year old male who was injured on 11/17/11 while traveling for work in [REDACTED]. Per the records, the patient developed a stomach flu, vomited, and subsequently had a syncopal event that resulted in head trauma and C3/C4 fractures. He is status post C3-4 fusion. The patient also has a diagnosis of lumbar radiculopathy and neurogenic bladder. Lastly, he has a diagnosis of sleep apnea for which he uses CPAP. The patient has been receiving physical therapy for his pain, muscle weakness, and radiculopathy. His medications include zolpidem, Alprazolam, Gabapentin, naproxen, and Omeprazole.

### 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 American Sleep Disorders Association guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Per the Official Disability Guidelines, a sleep study is recommended after at least six months of insomnia complaints in a patient who is unresponsive to behavior

intervention and sedative/sleep-promoting medications, and after a psychiatric etiology has been excluded. Based on the records provided, there is no documentation of unresponsiveness to the medications prescribed (Ambien and Alprazolam) or a work up of underlying psychiatric issues that could be contributing. Furthermore, the patient has a diagnosis of sleep apnea and is prescribed CPAP. He has presumably already undergone a sleep study (although the records are not provided). There is no documentation regarding the patient's compliance to CPAP and if the patient has observed any benefit while using it. Thus the request for a sleep study is not certified.

**referral to GI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 503

**Decision rationale:** Per the ACOEM guidelines, consultations should be obtained to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Patients that have symptoms or signs of peptic ulcer disease and who do not have red flags, can trial a PPI (i.e. Omeprazole) for one month. If symptoms do not improve on the PPI, referral to GI for esophagogastroduodenoscopy (EGD) is indicated. Patients with symptoms or signs of peptic ulcer disease with red flag symptoms such as dysphagia, weight loss, advanced age, and/ or melena, should be referred to GI as soon as possible for endoscopy. These scenarios do not apply to this patient. After thorough review of the records, there is no documentation of the patient having abdominal pain, dyspepsia, nausea/vomiting, melena, or hematochezia. NSAIDS (i.e. Naproxen) can certainly contribute to gastritis and/or peptic ulcer disease; however, there is no documentation of the patient complaining of GI symptoms or any objective evidence of an abnormal abdominal exam. Therefore, the request is not certified.