

Case Number:	CM13-0064449		
Date Assigned:	01/03/2014	Date of Injury:	01/03/2012
Decision Date:	04/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	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 55 year old male who was injured on 01/03/2012 while standing on a chair with wheels, it suddenly rolled back and he came down forward. Per the records provided, he carries a diagnosis of degenerative disk disease, radiculopathy, depression, "stress," "sleep loss," diabetes mellitus and peripheral neuropathy. Prior treatment history has included acupuncture. Medications have included Vicodin, Flexeril, Abilify, Wellbutrin, Prozac, Aspirin, Glucophage, Actos, and Lipitor. Diagnostic studies include MRI spine and EMG/NCS. AME Re-evaluation dated 01/22/2013 indicated the patient continues to work with ongoing pain and discomfort in his neck radiating to the bilateral upper extremities, and right knee. He also complains of weakness of his hands. He has been experiencing headaches on a daily basis. He has trouble sleeping due to his symptoms and feels that his high blood pressure and diabetes have been aggravated by these injuries. He also complains of stomach discomfort secondary to the stress and depression. He also has weakness in the knees extending to the big toes, bilaterally. There has been no improvement since his last evaluation on 09/12/2012. The patient had complaints of head and skull pain which increased with neck pain and onset of headaches. Comprehensive Pain Management Consultation dated 07/30/2013 documented the patient to have complaints of pain in the lumbar spine, which he rates on a pain scale at 8/10. He described the pain as radiating to the bilateral legs with shooting numbness and ache to the feet, right side greater than left. PR2 dated 09/09/2013 documented the patient to have complaints of continued severe, low back pain radiating pain down the right lower extremity. He had decreased sensation bilateral lower extremity; DTR's +1/2 bilateral patella/Achilles. The patient was diagnosed with hypertrophy; sleep loss; stress; anxiety; depression; GI upset. The remainder of the form is illegible. PR2 dated 10/28/2013 documented the patient to have complaints of continued shooting pain in his legs. He continued to complain of neck stiffness with complaints of pain down his arms

bilaterally. The patient stated that he has completed 1 epidural injection on 10/10/2013. He stated he had 50% improvement in his back. Objective findings on exam revealed positive straight leg raise with low back pain with decreased sensation; DTR's +1. The patient was recommended to get a sleep study due to persistent sleep loss. The remainder of the form is illegible. PR2 dated 11/02/2012 documented the patient to have complaints of increased pain and increased radicular pain to the neck. The patient was diagnosed with stress; anxiety; depression; sleep loss; GI upset, and diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Consult and 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)

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: According to the Official Disability Guidelines, a sleep study may be recommended when narcolepsy, sleep-related breathing disorder or periodic limb movement disorder is suspected; or insomnia complaint for at least six months (at least four nights of the week) that has been unresponsive to behavior intervention and sedative/sleep-promoting medications; and psychiatric etiology has been excluded. The records provided do not document anything that would make one suspicious for narcolepsy, sleep related breathing disorder or periodic limb movement disorder. Furthermore, although there is documentation that the patient has difficulty sleeping, it is not clear how long the symptoms have been going on, and there is no evidence that behavior interventions or sleep promoting medications were attempted. Lastly, the records indicate that the patient sees a psychiatrist for his bipolar disorder, and is prescribed psychotropic medications. There is no Psychiatric documentation that states whether or not his bipolar is under control and how much this might be contributing to his lack of sleep. The medical necessity of the request is therefore not established.