

<b>Case Number:</b>	CM13-0066829		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational 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 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 injured worker is a represented [REDACTED] employee who has filed a claim for sleep disturbance, insomnia, weight gain, psychological stress, difficulty concentration, and limb movement disorder reportedly associated with an industrial injury of March 17, 2010. Thus far, the employee has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and topical compounds. In a Utilization Review Report dated November 19, 2013, the claims administrator partially certified a request for a board-certified sleep medicine consultation with medical report followup as a followup appointment only. The employee did undergo a multilevel lumbar fusion surgery on April 19, 2012. In a sleep medicine consultation dated January 9, 2013, it was noted that the employee was a former [REDACTED] employee. The employee was having impaired sleep, averaging only six hours a night, it was stated. There was reported issues with insomnia, drowsiness, weight gain, anxiety, and depression, it was stated. The employee did stand 6 feet 4 inches tall and weighed 250 pounds and had a neck circumference of 17 inches, it was stated. The attending provider stated that the sleep disturbance was a function of his industrial injury. A 12% whole person impairment rating was issued, which the attending provider attributed 100% to the industrial injury. In a CPAP titration report dated March 21, 2013, it was stated that the optimum CPAP pressure was 6 cm of water with a medium full-face mask. On March 29, 2013, the employee was given permanent work restrictions. It was acknowledged that the employee was no longer working his former role as a truck driver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION WITH A BOARD CERTIFIED SLEEP MEDICINE DOCTOR WITH A MEDICAL REPORT FOLLOW-UP AND CONSULTATION: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Sleep Disorders Association.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the employee's primary treating provider is a chiropractor who is likely uncomfortable treating and/or addressing the employee's sleep issues/sleep disturbance, reportedly attributed to sleep apnea. Obtaining a consultation and/or followup visit with a sleep specialist who is qualified to address these issues is indicated. Similarly, the MTUS Guideline in ACOEM Chapter 2, notes that an adequately documented, legible report is essential for accurate billing and legal purposes. The sleep specialist should produce some report of the encounter with the employee with associated treatment recommendations so as to convey the same to the primary treating provider. Thus, the report, as with the consultation and followup visit, is also indicated. Accordingly, the request for a consultation with a board certified sleep medicine doctor with a medical report follow-up and consultation is not medically necessary and appropriate.