

Case Number:	CM13-0067531		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2009
Decision Date:	06/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 59-year-old female who reported an injury on 05/27/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include low back pain, discogenic low back pain, and postlaminectomy. Her previous treatments included pain medications and epidural injections. The progress note dated 12/05/2013 reported the injured worker had some side effects due to pain medications which concerned her regarding mistakes at work, daytime sleepiness, worsened sleep apnea, and sleepiness while driving. The injured worker would like to assess the cause of the sleepiness due to lack of sleep versus medications. The injured worker's medication regimen included Norco 10/325 mg 1 every 6 hours for pain control, Soma 350 mg 1 by mouth every 12 hours for muscle spasms as needed, Butrans 10 mcg per hour 1 patch every 7 days, Motrin 600 mg 1 by mouth every 6 hours as needed for back pain, and Nuvigil 150 mg 1 by mouth daily for sedation due to opioid sedation. The Request for Authorization form dated 12/05/2013 was for the sleep apnea study due to opioid sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP APNEA 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), Treatment Index, 11th Edition (web) 2013, Chronic Pain Chapter, Polysomnography

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: The request for sleep apnea study is not medically necessary. The provider noted the injured worker had symptoms including mistakes at work, daytime sleepiness, worsening sleep apnea, and sleepiness while driving. The Official Disability Guidelines state criteria for polysomnography includes excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changes, and insomnia for at least 6 months with unresponsiveness to behavior intervention and sedative, sleep-promoting medications. The guidelines state that sedative and sleep-promoting medications and psychiatric etiology should be excluded. The documentation provided reported the injured worker has excessive sleepiness and worsening sleep apnea. However, the documentation of insomnia complaints for at least 6 months with unresponsiveness to behavior intervention was not provided. There was a lack of documentation indicating the prior courses of treatment in regards to the injured worker's sleep disturbances. Based on the clinical information received, the injured worker does not currently meet criteria for a sleep apnea study. Therefore, the request is not medically necessary.