

Case Number:	CM13-0067615		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2009
Decision Date:	05/20/2014	UR Denial Date:	11/26/2013
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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has a date of injury of 2/1/2009 has been evaluated for shoulder pain, back pain and eye problems. He has had surgery for both shoulder and for his eye. The current diagnoses are right rotator cuff tear, lumbar strain/sprain and issues sleeping. The request for for sleep study because of trouble sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY- LEFT EYE/LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Sleep Study

Decision rationale: The medical record states that the claimant has trouble sleeping. There is no documentation of the specific trouble with sleeping (eg difficulty falling asleep, difficulty staying asleep or early morning waking) and no documentation of behavioral interventions. CA MTUS does not address sleep studies. According to the ODG, a sleep study is indicated to investigate unexplained persistent insomnia (defined as 4 or more nights of disordered sleep, for

6 months or more) when this insomnia is unresponsive to behavioral interventions, trial of sedative/sleep medication and when psychiatric etiologies have been excluded. In this case, the medical record does not quantify the difficulty sleeping and does not document any conservative behavioral interventions or trial of medication. A sleep study is not medically necessary in this case.