

Case Number:	CM13-0068541		
Date Assigned:	01/03/2014	Date of Injury:	06/17/2009
Decision Date:	06/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old male who reported an injury on 06/17/2009. The mechanism of injury was the injured worker was stopped at an intersection when a station wagon ran a stop sign and pulled in front of him. The injured worker's truck hit the side of the station wagon while traveling at a rate of approximately 55 miles per hour. Documentation of 08/08/2013 revealed the injured worker had neck and mid back pain rated 2/10. The objective findings revealed decreased sensation in the left C5, C6, C7 and C8 dermatomes. The examination of the cervical and thoracic spine revealed mild tenderness to palpation and decreased range of motion in all planes. Documentation further indicated the physician examined a QME report from 05/13/2013 which revealed that the injured worker had weight gain, anxiety and depression, a seizure disorder and sexual dysfunction as well as was status post arthroscopy of the right shoulder, decompression and Mumford procedure. The diagnoses included status post fusion C5-6 in 03/2011, C4-5 disc extrusion and central canal/severe foraminal narrowing at C4-5. The treatment plan included conservative treatment. It was indicated that the injured worker would continue tramadol ER, Zanaflex, and senna. The request for authorization was made for a sleep study and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SLEEP STUDY BETWEEN 12/3/13 AND 1/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Official Disability Guidelines indicate that sleep studies are recommended for the combination of indications including excessive daytime somnolence, cataplexy, morning headaches, once other causes have been ruled out, intellectual deterioration sudden without suspicion of organic dementia, personality changes not secondary to medication, cerebral mass or known psychiatric problem, sleep related breathing disorder or periodic limb movement disorder as suspected and insomnia complaint of at least 6 months for 4 nights of the week that is unresponsive to behavioral intervention and sedative/sleep promoting medications and psychiatric etiology has been excluded. The clinical documentation submitted for review failed to indicate that the injured worker met the above criteria. Given the above, the request for a sleep study is not medically necessary.