

Case Number:	CM13-0070222		
Date Assigned:	04/02/2014	Date of Injury:	09/19/2011
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopedic Surgery, 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 claimant is a 38-year-old gentleman who was injured on 09/19/11 sustaining an injury to the bilateral upper extremities. He indicates since the injury he has undergone an anterior cervical discectomy and fusion at C4 through 6. A recent assessment of 10/15/13 indicates continued neck pain and bilateral wrist pain with numbness. It indicates at that time the claimant has developed "psychological trauma" secondary to his work related injuries including stress and insomnia complaints. He describes an inability to work. On examination, he has diminished cervical range of motion with tenderness over the cervical spine and positive Tinel's testing bilaterally at the wrists and elbows. Given the claimant's ongoing insomnia complaints, a sleep study was recommended for further treatment. There is no indication of prior treatment for "insomnia" in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter), Sleep Study.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Procedure – Polysomnography.

Decision rationale: California MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a sleep study would not be indicated. The need for sleep studies are reserved for excessive daytime somnolence and insomnia complaints for at least six months that have been unresponsive to behavioral interventions and sedative/sleep promoting medications. While the claimant is noted to be with a diagnosis of insomnia, there is no documentation of six months of intervention including behavioral interventions and sedatives sleep promoting medication use. The role of a sleep study in this individual is not supported. Therefore the request is not medically necessary and appropriate.