MAXIMUS Federal Services

Case Number:	CM13-0070735		
Date Assigned:	01/08/2014	Date of Injury:	03/23/2013
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/26/2013

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 patient is an employee of the [redacted] and has submitted a claim for headache and neck pain associated with an industrial injury date of March 23, 2013. Treatment to date has included aqua therapy, home exercise program, and medications which include Diclofenac, Tramadol, Naproxen, Flexeril, Motrin, Medrox patch. Medical records from 2013 were reviewed the latest of which dated December 2, 2013, revealed that the patient reports mobility and strength improved with pool therapy. It is stated that the patient's pain is still at 8/10 and the patient is still off work. The patient reports of having on and off numbness of the left lower extremity. She reports that she no longer use her back brace for support and uses the pain patch instead. The patient report that there is still limitation in her daily activities like cleaning and cooking. The patient has been complaining of loss of sleep due to persistent pain. On physical examination, there is still limitation in range of motion in the lumbar spine with flexion up to 30 degrees, extension up to 8 degrees, right side bending up to 18 degrees and left side bending up to 14 degrees. Motor strength of hip flexion of the right is 3 to 3+/5 while hip flexion to the left was 3/5. Utilization review from December 5, 2013 denied the request for referral for sleep studies because the records do not document first line treatment to address this condition, including management of the reported underlying condition of pain or first line intervention and advice for sleep hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR SLEEP STUDIES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: 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 California MTUS/ACOEM d guidelines do not address the request for referral for sleep studies. The Official Disability Guidelines state that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In this case, the patient has been complaining of loss of sleep due to persistent pain. However, the documents submitted do not indicate the use of first line treatment like behavior intervention and sedative/sleep-promoting medications. Also, there was no discussion concerning the patient's sleep hygiene. Therefore, the request for a referral for sleep studies is not medically necessary and appropriate.