

Case Number:	CM13-0072396		
Date Assigned:	01/08/2014	Date of Injury:	06/19/1990
Decision Date:	06/09/2014	UR Denial Date:	12/04/2013
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 Physical Medicine and Rehabilitation 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 injured worker is a 60 year old male with a reported date of injury on 06/19/1990. The mechanism of injury was not provided in the clinical documentation available for review. The injured worker complained of lower back pain, radiating to the lower extremities and bilateral shoulder pain radiating into the upper extremities. According to the clinical note dated 01/07/2011 the injured worker complained of "moderate" difficulty in sleep. The clinical note dated 03/04/2011 reported the injured worker stated he continued to have "difficulty" sleeping. According to the clinical note dated 01/18/2012, the injured worker's diagnosis included diabetes mellitus, GI upset, hypertension, decreased libido, erectile dysfunction, status post left inguinal hernia repair, bilateral shoulder impingement, bilateral rotator cuff tear, bilateral carpal tunnel and bilateral Guyon tunnel syndrome. The clinical note dated 03/03/2012 stated the injured worker's medication regimen included Anaprox, Prilosec, Zofran, imitrex, and medrox ointment. The request for authorization for sleep study was submitted on 12/18/2013.

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 Official Disability Guidelines (ODG), Pain, Sleep Study (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, Sleep Study (Polysomnography).

Decision rationale: The Official Disability Guidelines recommend a sleep study after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promotin medications and after psychiatric etiology has been exluded. There is a lack of documentation related to sign symptoms of insomnia. Although there were two notes with a documentation of "difficulty" in sleeping, there is a lack of documentation regarding behavior interventions or medications that may have been utilized. The rationale for the request of a sleep study was unclear. Therefore, the request for sleep study is not medically necessary.