

Case Number:	CM13-0072453		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2013
Decision Date:	05/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 57 year old female who reported an injury on 6/10/13. The mechanism of injury was repetitive motion from driving a school bus. The request for authorization for consultation with sleep medicine physician was provided and signed on 10/30/13. As per the clinical noted dated 11/16/13, the injured worker reported increasing pain in her neck and upper extremities, associated with headaches. She also noted the onset of sleep difficulties. The injured worker also reported the onset of anxiety and depression. She was referred for approximately six sessions of therapy and five sessions of acupuncture, which provided slight improvement. The injured worker had diagnoses of cervical musculoligamentous sprain/strain, depression, anxiety, sleep disturbances, headaches, orthopedic complaints, and associated impairment. The injured worker was prescribed Norco, and Fexmid. The provider requested a consultation with sleep medicine physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH SLEEP MEDICINE PHYSICIAN, PER 12/06/13 FROM QUANTITY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; and the 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.

Decision rationale: The injured worker reported neck and upper extremity pain associated with headaches, along with the onset of sleep difficulties, anxiety, and depression. The California MTUS and ACOEM guidelines do not address the medical necessity for sleep studies, so alternate guidelines were used. The Official Disability Guidelines recommend sleep studies after at least six months of an insomnia complaint (at least four nights a week) that is unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. A clinical note dated 11/16/13 noted an onset of insomnia, which does not meet the clinical guidelines of an insomnia complaint for at least six months. The provider did not note the injured worker had an unresponsiveness to behavior intervention and/or sleep promoting medication. Therefore, the request is not medically necessary.