

Case Number:	CM14-0002770		
Date Assigned:	06/11/2014	Date of Injury:	02/15/2013
Decision Date:	08/05/2014	UR Denial Date:	12/26/2013
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 and Washington. 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 39-year-old male who reported an injury on 02/15/2013. The mechanism of injury was the injured worker fell off a 2 story roof and landed on his back. The documentation of 10/22/2013 revealed the injured worker had a dull to sharp pain in the upper, mid, and low back on the left side occurring most of the time, especially when laying on his left side. The diagnosis included a transverse fracture of the lumbar spine on the left side from a fall. The treatment recommendations included physical therapy, heat, massage, and a TENS Unit and there was documentation the physician was awaiting the neurodiagnostic studies. The documentation of 12/03/2013 revealed that the physician was awaiting diagnostic studies and a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

OVERNIGHT POLYSOMNOGRAM: 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: The Official Disability Guidelines recommend a polysomnogram after at least 6 months of insomnia complaints of at least 4 nights a week that is unresponsive to behavioral interventions and sedatives/sleep promoting medications and after psychiatric etiology has been excluded. Sleep studies are recommended for the combination of indications: excessive daytime somnolence, cataplexy, morning headaches, intellectual degeneration, personality change, sleep related breathing disorder, or periodic limb movement disorder suspected or insomnia complaint for at least 6 months unresponsive to behavior changes and sedative sleep promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring without one of the above mentioned symptoms is not recommended. The clinical documentation submitted for review failed to indicate the injured worker had at least 6 months of an insomnia complaint. There was no insomnia complaint submitted with the clinical documentation. Given the above, the request for overnight polysomnogram is not medically necessary.