

Case Number:	CM14-0003335		
Date Assigned:	01/31/2014	Date of Injury:	09/29/2006
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 a 44 year-old male who has submitted a claim for pain in the limb, knee, foot and low back and obstructive sleep apnea associated with an industrial injury date of September 29, 2006. Medical records from 2012-2014 were reviewed, the latest of which dated January 27, 2014 revealed that the pain in the left lower extremity and bilateral ankle has increased since last visit. No new problems or side effects. Quality of sleep is poor. Activity has remained the same. The patient is taking his medications as prescribed. He states that the medications are working well. Medication side effects felt by the patient include difficulty achieving and maintaining an erection. Patient notes that he has more groin pain. He notes that his medication is helpful to decrease pain to a tolerable level. The patient has been trying to decrease the medications; he is continuing with physical therapy, which has been helpful but which has increased his pain. On physical examination, the patient has a left sided antalgic gait, assisted by crutches. There is a scar noted in the posterior elbow joint. On examination of the left knee, range of motion is restricted with flexion limited to approximately 75 degrees, limited by pain, and extension limited to approximately 25 degrees, limited by pain. There is tenderness noted over the lateral joint line, medial joint line and patella. On examination of higher functions, there patient is alert and oriented without evidence of somnolence. Motor examination was limited by pain. Also noted are a right anterior thigh well-healed scar and a left anterior skin flap well-healed scar. Polysomnography done last February 14, 2013 revealed very severe obstructive sleep apnea. Treatment to date has included distal femur ORIF (6/13/11), right ALT fasciocutaneous free flap to LLE for soft tissue reconstruction, knee/lower extremity debridement (6/29/12), nerve reoperation surgery of the ilioinguinal and iliohypogastric nerve (8/20/12), application of Ilizarov spatial frame to the left tibia and fibula with fibular osteotomy and tibial corticotomy to correct deformity, and spatial frame lengthening of the left tibia and fibula due to limb length inequality

(2/18/13), left knee surgery (3/1/13), removal of Ilizarov frame in the left tibia and fibula (8/16/13), nerve blocks, physical therapy, psychotherapy, and medications with include Levitra, Lyrica, Wellbutrin XL, Lexapro, Provigil, Trazodone, methadone and Oxycodone. Utilization review from December 30, 2013 denied the request for repeat sleep study and polysomnography testing with initiationof cpap therapy because the records submitted for review did not contain specific clinical findings such as cataplexy, excessive daytime somnolence, morning headache, intellectual deterioration, personality change, and insomnia for at least six months to warrant a repeat sleep study, and there was no evidence in the medical reports submitted of the patient's failure to respond to behavioral interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT 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-Treatment For Worker's Compensation, Online Edition, Chapter: 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 CA MTUS does not specifically address the request for sleep study. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. 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. A sleep study done on February 14, 2013 showed severe sleep apnea. The patient has a history of long-term use of pain and sleep-promoting medications but with little improvement. Also, there was no discussion concerning the patient's sleep hygiene, therefore, the request for a repeat sleep study is not medically necessary.

POLYSOMNOGRAPHY TESTING WITH INITIATIONOF CPAP THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request for repeat sleep study is not medically necessary. Therefore, the related request for polysomnography testing with initiationof cpap therapy is not medically necessary.

