

Case Number:	CM14-0004425		
Date Assigned:	02/05/2014	Date of Injury:	12/01/2012
Decision Date:	06/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This is a 51-year-old male with a 12/1/12 date of injury. He was involved in a motor vehicle versus pedestrian accident and had multiple orthopedic injuries, as well as head trauma. The patient presents with worsened blurring vision of the right eye. The patient is s/p right direct and indirect carotid cavernous fistula s/o embolization on 10/17/13. He was initially in an inpatient rehabilitation unit. He has required extensive procedures, had significant neurosurgical, orthopedic, and ophthalmological concerns. Diagnostic Impression: head injury, mandibular fractures, globe injury. Treatment to date: Inpatient rehabilitation x "months" including extensive physical and occupational therapy. A UR decision dated 12/12/13 denied the request for a sleep study based on the fact that there was insufficient information in regards to the patient's sleep patterns or any mention of education on proper sleep hygiene. Co-morbidities were not clearly documented.

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 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: CA MTUS does not address this issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. However, there is no clear rationale provided as to why this patient needs a sleep study. There was no documentation provided as to the rationale regarding this request. This patient sustained significant traumatic injuries, and has extensive medical records. However, there is no description regarding concerns for sleep apnea or excessive daytime sleepiness. There is no description of insomnia or abnormal sleep behavior. Therefore, this request for a Sleep Study was not medically necessary.