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| Case Number: | CM14-0004785 | | |
| Date Assigned: | 01/14/2014 | Date of Injury: | 03/31/2005 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Expedited | Application Received: | 01/13/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in pain management, has a subspecialty in disability Evaluation 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 physician 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 40 years old obese (BMI 33.4) female with reported date of injury of 3/31/2005. Mechanism of injury: The patient injured the back while lifting a patient and experienced pain immediately. According to office visit dated 12/10/2013, the patient had lower back pain radiating into the left thigh and mid-thoracic back pain. The patient was very distressed as there was no relief of pain in the lower back. The patient complained of deep aching pain on the left side of the sacral area with some pain radiating into the left anterior thigh. Pain medication was not offering significant analgesia and Norco was like taking a candy which did not help at all. After the injections, pain increased weekly until it became intolerable. Worst pain level was 10/10, least pain level was 2/10 and usual pain level was 7/10. Pain, sleep pattern, and functionality were worse. Medication usage increased. The patient was compliant with narcotic pain management program and medications helped to stay active. Past medical history documented depression, overweight, chronic pain syndrome and neurogenic bladder. The patient had an allergy to Darvon, Dilaudid, Ultram and Toradol. Review of systems documented no new numbness, no new weakness and no new pain. The patient was obese. On examination of the lower extremities, left ankle range of motion was decreased with plantar flexion. Dorsiflexion was limited. There was atrophy of the left gastrocnemius muscle mass and diminished left calf and ankles strength. There was left foot drop. There was weakness in the left lower leg and ankle. The patient had an antalgic gait with toes curled under, for balance. There was large callus on the left first toe, lateral aspect. Muscle tone was diminished in the left. The patient was unable to stand on toes and heels on the left foot. Examination of the spine documented lumbar curvature was flattened. There was tenderness in the midline over the upper thoracic segments just above the scar of the spinal cor

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep apnea evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain

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 Physician Reviewer's decision rationale: CA MTUS (Effective July 18, 2009) Chronic Pain and CA MTUS ACOEM are mute on this topic. ODG Pain (updated 11/14/13) Polysomnography 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. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25 percent of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) Unattended I portable I in home sleep studies are not recommended because there is a lack of scientific evidence supporting their effectiveness. Criteria for Polysomnography: In-lab polysomnograms I sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for a Sleep Apnea Evaluation is not medically necessary.