

Case Number:	CM14-0005847		
Date Assigned:	02/05/2014	Date of Injury:	10/25/2013
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
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 Psychiatry, 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 53 year old male with a date of injury of 10/25/13. The mechanism of injury was the explosion of a heater that resulted in the patient being thrown over tool box bruising his entire right side. A sleep study report from 1/15/14, and a nocturnal polysomnography report from 1/13/14 state that leg movements, bruxism, and arousals were observed. A multiple sleep latency report from 1/14/14 suggests that testing failed to meet criteria for narcolepsy. The impression of the sleep study was low sleep efficiency secondary to pain, and bruxism. Per the report from 11/19/13, the diagnoses included post traumatic stress disorder, panic disorder, cognitive disorder not otherwise specified, and psychological factors affecting the general medical condition have. Psychotropic medications being prescribed are zoloft, lorazepam, and estazolam.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation 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: It appears that the patient underwent a sleep study based on the nocturnal polysomnography report from 1/13/14 and the sleep study report from 1/15/14. It is unclear why another sleep study is being requested. The rationale for the request was not included in the medical records provided for review. As such, the request is not medically necessary.