

Case Number:	CM14-0007924		
Date Assigned:	08/29/2014	Date of Injury:	08/14/2012
Decision Date:	10/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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 Internal 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 injured worker is a 67 year old male who reported who presented with neck, right shoulder pain as a result of motor vehicle accident on 08/14/12. A clinical note dated 07/09/14 indicated the injured worker undergoing urine drug screen. The injured worker was non-compliant with prescribed drug regimen as findings were consistent with marijuana use. The injured worker was utilizing a non-prescribed medication including cyclobenzaprine. The procedure note dated 03/20/14 indicated the injured worker undergoing 23 acupuncture visits. A clinical note dated 02/21/14 indicated the injection therapy had been of no use. The injured worker was prescribed hydrocodone and gabapentin. The complaints of low back pain and neck pain were affecting sleep hygiene. The utilization review dated 12/19/13 resulted in denials for sleep study, pulmonary function test, and pulse oximetry with nasal function study as no information was submitted confirming insomnia or ongoing sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spirometry and pulmonary function/stress testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary function testing

Decision rationale: The injured worker complained of ongoing neck pain and low back pain. No information was submitted regarding the need for a pulmonary function test as no information was submitted confirming asthma history. No other information was submitted regarding any additional lung diseases. Given this, the request is not indicated as medically necessary.

Home sleep diagnostic study (polysomnogram) for 2 nights: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, 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 Chapter, Polysomnography

Decision rationale: The request for home sleep diagnostic study for two nights is non-certified. Insufficient information was submitted regarding sleep issues. There was a notation in an early clinical note indicating complaints of issues with sleep hygiene. However, no continued complaints of insomnia, daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, or breathing disorders were identified in the submitted clinical documentation. Given this, the request is not indicated as medically necessary.

Overnight pulse oximetry and nasal function studies: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.