

Case Number:	CM14-0008322		
Date Assigned:	02/12/2014	Date of Injury:	06/14/2007
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Pulmonary Diseases 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 57-year-old female who reported an injury on 06/14/2007, due to a fall. The clinical note dated 12/10/2013 presented the injured worker with stiffness in the neck, pain in the arm, neck pain, dry mouth, and constipation. The injured worker's physical exam revealed significant difficulty getting to sleep, loss of sexual desire, constipation, weakness in the arms, panic attacks, and depression. The injured worker had limited range of motion to the right upper extremity to approximately 85 to 90 degrees in forward flexion, hypersensitivity to touch to the right shoulder, forearm, elbow and wrist. The patient had tenderness to palpation of the cervical spinous process and bilateral trapezius muscles with limited range of motion and flexion, extension, lateral bending and rotation due to pain. The injured worker was diagnosed with status post fall from a truck with multiple upper extremity surgeries, complex regional pain syndrome of the right upper extremity, psychological injury with chronic pain syndrome, sleep disruption, and depression secondary to the industrial injury, and right ear tinnitus. The provider requested a sleep study for the injured worker. The request for authorization form was not provided in the included medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR 1 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 (ODG) 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 request for sleep study is non-certified. Official Disability Guidelines recommend a sleep study or polysomnography after at least 6 months of an insomnia complaint, unresponsiveness to behavior interventions, and sedatives/sleep promoting medications, and after psychiatric etiology has been excluded. A sleep study is not recommended for the routine evaluation of a transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. A sleep study is indicated when a sleep related breathing disorder or periodic limb movement disorder is suspected, initial diagnosis is uncertain, treatment fails, or precipitous arousal occur with violent or injurious behavior. The included medical documents lacked evidence of unresponsiveness to behavior intervention and sedative/sleep promoting medications. The provider's rationale for requesting a sleep study is unclear. Therefore, the request is not medically necessary.