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| Case Number: | CM14-0009289 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 12/18/1997 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 Physical Medicine & Rehabilitation 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 59-year-old female with a reported date of injury on 12/18/1997. The mechanism of injury occurred when the injured worker walked into a pole and fell to the ground. The progress note dated 12/12/2013 listed the industrial related diagnoses as gastroesophageal reflux disease, irritable bowel syndrome, hypertension, hyperlipidemia, obstructive sleep apnea, chest pain and shortness of breath and rule out coronary artery disease, abdominal pain/cramps, and vitamin D deficiency. The medications listed on the progress note were AppTrim-D, hypertensa, Sentra AM, metoprolol, lisinopril, gemfibrozil, nitroglycerin SL, Vytorin, vitamin D3, ASA EC, losartan, and Donnatal. The provider noted examination of the extremities was deferred to the appropriate specialist. The Request for Authorization Form was not submitted with the medical records. The request for a polysomnogram with CPAP titration with multiple sleep latency test due to shortness of breath and chest pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLYSONMOGRAM WITH CPAP TITRATION WITH MULTIPLE SLEEP LATENCY TEST: 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, Polysomnography

Decision rationale: The injured worker has a diagnosis of obstructive sleep apnea. The Official Disability Guidelines recommend a sleep study after at least 6 months of an insomnia complaint, unresponsive to behavioral and sleep intervention and sedative/sleep promoting medications and after psychiatric etiology has been excluded. The guidelines do not recommend routine evaluation for transient insomnia, chronic insomnia or insomnia related psychiatric disorders. The guideline criteria are recommended for combination of indications such as excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder suspected, and insomnia complaint for at least 6 months. The guidelines recommend the polysomnogram for a combination of indications including sleep-related breathing disorders. The physical examination did not address daytime somnolence, cataplexy, morning headaches, or insomnia that would warrant a polysomnogram. Therefore, the request is not medically necessary.