MAXIMUS Federal Services

Case Number:	CM14-0014183		
Date Assigned:	02/26/2014	Date of Injury:	06/27/2012
Decision Date:	10/01/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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, Geriatric Medicine and is licensed to practice in New York. 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 48 year old man with a date of injury of 6/27/12. He has a history of a closed head injury with post-concussion syndrome with cognitive impairment, mood impairment, balance impairment and suggestion of speech impairment. He was seen b his physician on 1/3/14 for follow up of his traumatic brain injury. He complained of sleep disruption and was 'not sleeping on a regular basis at all'. His respirations were 12 and blood pressure 136/88 and he was in no distress. His oropharynx was clear. His sleep related diagnosis was likely obstructive sleep apnea with periodic limb movements of sleep. He was to be trialed on Restoril. He was still having nightmares and a sensation of falling which were felt possibly due to Ambien. Trazadone was to be retrialed if Restoril was ineffective. There is a request on 1/8/14 for a sleep study for 'sleep disturbance and rule out sleep apnea' which is at issue in this review.

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 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 Clinical presentation and diagnosis of obstructive sleep apnea in adults.

Decision rationale: This injured worker has a history of sleep difficulties including periodic limb movements and nightmares. Testing is recommended for those individuals who snores and have excessive daytime sleepiness. The current MD note requests a sleep study but it is not clear the contributions that pain or current medications contribute to difficulty sleeping. Additionally, there is no documentation that his bed partner has observed snoring or periods of apnea, which are part of the screening criteria. The records do not support the medical necessity for sleep study. The request is not medically necessary.