

Case Number:	CM14-0018549		
Date Assigned:	04/18/2014	Date of Injury:	11/01/1998
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and 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 case involves a 64 year-old female with an 11/1/1998 industrial injury claim. She has been diagnosed with failed back syndrome; s/p lumbar decompressive surgery; emotional factors; s/p lumbar fusion on 7/15/02 and 7/17/12. According to the 1/7/14 physiatry report from [REDACTED], the patient presents with 10/10 low back pain and only gets 4-5 hours of sleep per night. She takes Percocet, Soma, Neurontin, Lidoderm patches, Klonopin, Dexilant and slippery elm. On 1/24/14 UR recommended against a sleep study. Apparently there was a request for this on 1/17/14, but this request was not included in the records provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP APNEA 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).

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

Decision rationale: The patient presents with lower back pain. I have been asked to review for necessity for a sleep study. Limited information regarding the sleep study is available for this IMR. There are no reports with medical rationale for a sleep study provided for this IMR. There

is a 9/11/13 Qualified Medical Examiner (QME) report from [REDACTED] that lists the diagnosis of disturbed sleep, without daytime sleepiness. California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) did not mention sleep studies, so Official Disability Guidelines (ODG) was consulted. ODG guidelines states sleep studies are indicated for the combination of indications listed below. (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. The patient has not met any of the ODG indications for a sleep study. There is no excessive daytime somnolence; no documented cataplexy, morning headache; intellectual deterioration, personality changes. The insomnia complaint may have been for over 6-months, but there is no indication that the patient has been unresponsive to behavioral intervention, or sedative/sleep medications, or if psychiatric etiology was excluded. The request for the sleep study is not in accordance with ODG guidelines.