MAXIMUS Federal Services

Case Number:	CM14-0019548		
Date Assigned:	04/23/2014	Date of Injury:	12/15/2011
Decision Date:	07/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/17/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 male with an injury reported on 12/15/2011. The mechanism of injury was described as a fall. The clinical note dated 09/23/2013 reported the injured worker complained of intermittent pain in the neck that occasionally caused headaches. It was also noted that the injured worker complained of difficulty sleeping and waking up with neck pain. The clinical note dated 01/14/2014, reported the cervical spine examination revealed spinous process tenderness noted on C4, C5, C6, and C7. The range of motion to the cervical spine demonstrated flexion to 50 degrees, extension to 40 degrees, left lateral bending to 30 degrees and right lateral bending to 45 degrees. The injured worker's medication regimen included voltaren xr 100mg, TENS unit, Prilosec 20mg, Ultracet 37.5/325mg, Ambien 10 mg, atenolol 25mg and hydrochlorothiazide 25mg tabs. The clinical note dated 12/17/2013 reported the injured worker was prescribed ambien 10mg tablet to be taken at bedtime. The injured worker's diagnoses included post traumatic cephalgia, contusion of scalp, radiculopathy, insomnia, and bursitis shoulder. The request for authorization was submitted on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE 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 injured worker complained of intermittent pain in the neck that occasionally caused headaches. It was also noted that the injured worker complained of difficulty sleeping and waking up with neck pain. According to the Official Disability Guidelines for polysomnograms / sleep studies are recommended for the combination of excessive daytime somnolence; Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy) Morning headache (other causes have been ruled out); Intellectual deterioration (sudden, without suspicion of organic dementia); Personality change (not secondary to medication, cerebral mass or known psychiatric problems); Sleep-related breathing disorder or periodic limb movement disorder is suspected; & 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The primary care physician did not provide documentation of the injured worker having excessive daytime somnolence, or documented narcaleptic episodes. There is a lack of clinical evidence of documented forgetfulness associated with sleep depervastion. It was noted that the injured worker reported snoring during sleep, and complained of difficulty staying asleep. The primary care physician prescribed ambien for insomnia; however, there is a lack of documentation of the injured worker taking medication appropriatly, the effectiveness of the sleep aid, or any side effects from the medication. Furthermore, the injured worker's complaints of headaches had been associated with cervical spine discomfort. There is a lack of medical necessity per the clinical documentation provided for a sleep study. Therefore, the reqeust for one sleep study is not medically necessary and appropriate.