

Case Number:	CM14-0110489		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2013
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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, Florida, and 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 37-year-old female who reported an injury on 03/01/2013, due to carrying heavy loads, loading and unloading. Diagnoses were headaches, cervical spine sprain/strain, rule out herniated nucleus pulposus (HNP), rule out cervical radiculopathy, bilateral sprain/strain, rule out joint derangement, lumbar spine sprain/strain, rule out HNP, rule out lumbar radiculopathy, bilateral ankle/heel sprain/strain, rule out joint derangement, anxiety disorder, mood disorder, sleep disorder and stress. Past treatments were physical therapy and medications. Diagnostic studies were x-rays. Surgical history was not reported. Physical examination on 04/28/2014, revealed complaints of burning bilateral shoulder pain that radiated down the arms to the hands and fingers. The pain was rated an 8/10. Examination of the cervical spine revealed tenderness to palpation with spasms at the paraspinal muscles and spinous processes C2-C5. Range of motion for the cervical spine was decreased. Examination of bilateral shoulders revealed tenderness to palpation at the subacromial space, rhomboid muscles and AC joint. Range of motion for bilateral shoulders was decreased. Neer's impingement sign was positive bilaterally. Sensory examination revealed diminished sensation over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Examination of the lumbar spine revealed palpable tenderness with spasms noted at the lumbar paraspinal muscles and over the lumbosacral junction. There was also sciatic notch tenderness. Range of motion for the lumbar spine was decreased. Straight leg raise was positive on the right at 30 degrees, positive on the left at 35 degrees. The treatment plan was to take medications as directed. Medications were Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclophene and ketoprofen cream. The rational and Request for Authorization was not submitted.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) 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 not medically necessary. The Official Disability Guidelines state polysomnography is recommended after at least 6 months of an insomnia complaint (at least 4 nights a week) that is unresponsive to behavior intervention and sedative/sleep promoting medications and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. Criteria for polysomnography/sleep study are recommended for the combination of indications listed, excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headaches (other causes have been rule out), intellectual deterioration (sudden, without suspicion of organic dementia), personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep related breathing disorders or periodic limb movement disorder is suspected, insomnia complaint for at least 6 months (at least 4 nights a 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 1 of the above mentioned symptoms, is not recommended. It was not reported that the injured worker was having insomnia for at least 6 months, at least 4 nights a week. There were no complaints of snoring reported. It was not reported if the injured worker had tried sedative medications/sleep promoting medications and a psychiatric evaluation was not reported. There were no significant factors provided to justify a sleep study. Therefore, the request is not medically necessary.