

Case Number:	CM14-0121935		
Date Assigned:	08/06/2014	Date of Injury:	12/04/2003
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 patient is a 62 year old female who was injured on 12/04/2013. The mechanism of injury is unknown. Prior medication history included Prilosec, Lovaza, Metformin, Victoza, and amlodipine. Progress report dated 05/22/2014 indicates the patient presented for sleep difficulty and abdominal pain. She also complains of low back pain rated as an 8/10 as well as bilateral lower extremities pain. On exam, there were no significant findings. She has a diagnosis of sleep disorder secondary to chronic pain and stress. The patient was recommended for a sleep study. Prior utilization review dated 07/03/2014 states the request for Retrospective review of Sleep Study DOS 5/28/14 and 5/29/14 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Sleep Study DOS 5/28/14 and 5/29/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Polysomnography.

Decision rationale: The guidelines recommend polysomnography for excessive daytime somnolence, cataplexy, or insomnia lasting 6 months after conservative therapies have failed. The clinical documents did not identify a clear indication for sleep study. The document did not sufficiently discuss the patient's symptoms or conservative therapies which have failed. In order to approve the study further clinical documentation with the above information is required. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.