

Case Number:	CM14-0132658		
Date Assigned:	09/22/2014	Date of Injury:	09/27/1997
Decision Date:	10/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Neurology 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 Injured Worker (IW) is a 49 year old male with a reported date of injury of 9/27/1997. The mechanism of injury is not provided. The IW is status post C5-C6 and C6-C7 Anterior cervical decompression and fusion. In addition the IW is status post lumbar laminectomy. A progress note dated 7/30/2014 reports the IW is somnolent. The provider comments this may be due to his pain medications or his history of sleep apnea. A progress note for 8/7/2014 reports the IW is having difficulty sleeping secondary to pain in the left hand and is reported to only be sleeping two hours per night. An additional progress note from 11/2/2009 references a sleep study that has already been performed. This note reports the IW has a diagnosis of obstructive sleep apnea and has been prescribed a CPAP (continuous positive airway pressure therapy) for treatment. Additional documentation provided reports the IW is intolerant of both CPAP and BiPAP (bi-level positive airway pressure therapy) and is not compliant. A previous request for and additional sleep study was not certified.

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: Decision based on MTUS ACOEM.

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

Decision rationale: According to the online disability guidelines, the use of polysomnography or obtaining a sleep study is warranted if the initial diagnosis is uncertain. In this case, the diagnosis of obstructive sleep apnea has already been made by a previous sleep study. The IW has not been complaint with his prescribed CPAP therapy. An additional study is not medically necessary.