

Case Number:	CM14-0133522		
Date Assigned:	08/27/2014	Date of Injury:	06/04/2001
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 Geriatrics and is licensed to practice in 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 woman with a date of injury of 6/4/01. She was seen by her primary treating physician on 7/9/14 with complaints of pain in her right fingers and thumb. She was treated with an intrathecal pump in addition to oral medications including novolog, aspirin, plavix, Klor-con, lasix, roxicodone, abilify and promethazine. Her physical exam showed limited cervical spine range of motion, normal respiratory exam and non-antalgic gait. She had reduced muscle strength in her right upper extremity with hyperalgesia and advanced vasomotor changes. Her diagnoses included; reflex sympathetic dystrophy of the upper limb, anxiety state, displacement cervical disc without myelopathy, depressive disorder, obstructive sleep apnea, spasmodic torticollis and unspecified disorders bursae and tendons shoulder region. At issue in this review is the request for a sleep study to assess episodes of 'sombambulation' and apnea.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical presentation and diagnosis of obstructive sleep apnea in adults.

Decision rationale: This injured worker has a diagnosis of obstructive sleep apnea but there is no clear documentation in the note of 7/14 of any sleep difficulties other than the request for a sleep study to assess episodes of 'sombambulation' and apnea. Testing is recommended for those individuals who snore and have excessive daytime sleepiness. The current MD note requests a sleep study but it is not clear the contributions that her current medications contribute to day time somnolence or difficulty sleeping related to pain. Additionally, if she has a diagnosis already of obstructive sleep apnea documented, it is not clear why a sleep study would be indicated. The records do not support the medical necessity for home sleep evaluation.