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| Case Number: | CM14-0147601 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 02/02/2011 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has an original date of injury of 2/2/2011. Her diagnoses are left knee pain, complex fracture of left tibia, status post surgical repair, sprained left ankle and Achilles Tendonosis. Her current treatment includes oral medications for pain. She has returned to work and is reported to be functioning well including good nighttime sleep after addition of a nighttime dose of Norco for pain. The request is for a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram (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), Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Sleep Study

Decision rationale: The medical record states that the claimant is sleeping well after the institution of Norco for pain at night. There is no documentation of any current sleep disturbance. According to the ODG, a sleep study is indicated to investigate unexplained

persistent insomnia (defined as 4 or more nights of disordered sleep, for 6 months or more) when this insomnia is unresponsive to behavioral interventions, trial of sedative/sleep medication and when psychiatric etiologies have been excluded. In this case, the medical record states that the claimant is sleeping well and does not document any sleep problems. A Sleep Study is not medically necessary.