MAXIMUS Federal Services

Case Number:	CM14-0156041		
Date Assigned:	09/25/2014	Date of Injury:	02/08/2014
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 34-year old male with an injury date of 02/08/14. The 08/04/14 report by [redacted] states the patient presents with occasional cough and shortness of breath-no wheezing. Breath shortness occurs mostly at night and harms sleep. The treater states the patient has been off work since 05/05/14. Physical examination reveals no defects. The patient's diagnosis is shortness of breath associated with a primary exposure of chlorine gas.Current medications are listed as Albuterol and Beclomethasone inhalers. The utilization review being challenged is dated 08/15/14. Reports were provided from 02/09/14 to 08/07/14.

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 Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain (Chronic) Chapter, Polysomnography Topic

Decision rationale: The patient presents with shortness of breath. The treater requests for 1 Sleep study as the patient may have a component of sleep apnea without clear cut snoring. ODG guidelines for the topic of Polysomnography state the following criteria: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the 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 one of the above mentioned symptoms, is not recommended."The reports provided do not show discussion or diagnosis of the above criteria 1-6. As regards criteria 7) Insomnia complaint, sleep problems are not discussed until the report of 08/04/14. There has not been 6 months of complaint at least 4 days a week, and there is no documentation that the patient was unresponsive to behavior intervention or medication. Therefore, Sleep study is not medically necessary.