

Case Number:	CM14-0160555		
Date Assigned:	10/06/2014	Date of Injury:	02/28/2014
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 25-year patient with date of injury of 02/28/2014. Medical records indicate the patient is undergoing treatment for right trigeminal nerve injury, right ocular hemorrhage, visual blurring, concussion, sleep initiation, and maintenance insomnia secondary to pain with associated daytime impairment and comorbid orthopedic conditions involving the neck and left upper and lower extremities. Subjective complaints include persistent numbness to nose and right side of cheek, headaches, and difficulty sleeping. Objective findings include decreased sensation to a small area of the right cheek, continuing right occipitonal pain with rotation to the right, normal muscle tone to upper and lower extremities, attention span and concentration is within normal limits, patient able to repeat phrases without difficulty. MRI shows mild to moderate mucosal disease of bilateral ethmoid and maxillary sinuses, otherwise unremarkable brain MRI. Treatment has consisted of Acetaminophen 500mg take as directed, Cyclobenzaprine 5mg at bedtime, Tramadol/Acetaminophen HCL 37.5/325 mg at bedtime and Ibuprofen 200 mg 4 times daily. The utilization review determination was rendered on 09/23/2014 recommending non-certification of a Polysomnography Sleep Recording.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography Sleep Recording: Upheld

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

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

Decision rationale: MTUS is silent regarding sleep apnea studies. ODG states "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) 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 treating physician notes the patient has sleep disturbances due to pain. There has been no documentation that shows the presence of sleep disorders when pain is controlled. There is no documentation of excessive daytime sleepiness, cataplexy, intellectual deterioration, personality changes, or insomnia for greater than 6 months. There is no evidence of sleep disorders due to breathing or that the patient has had proper sleep hygiene training. As such, the request for Polysomnography Sleep Recording is not medically necessary at this time.