

Case Number:	CM14-0167757		
Date Assigned:	10/15/2014	Date of Injury:	03/02/2009
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 Texas. 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 46 year old female is reported to have been injured at work on 03/02/2009 when she tripped and fell. She sustained injuries to her foot, tailbone, neck, back, knees, wrists, and hands from the fall. She is reported to be complaining of teeth clenching and grinding, headaches, anxiety, irritability, impaired memory, increased appetite, decreased sociability, low sex drive, depression, and lack of energy, fatigue, and difficulty sleeping at night due to pain. The physical examination revealed multiple non-restorable teeth due to dental decays, generalized infection of the mouth and gums. The sleep study revealed loud snoring with no evidence of significant obstruction. She had a psyche evaluation on 07/02/2014, and sleep study on 07/30/14. The worker has been diagnosed of cervical sprain/strains, thoracic sprains/strains, bilateral shoulder sprains/strains with clinical evidence of impingement, bilateral wrist pain with clinical evidence of left carpal tunnel syndrome, lumbar sprain/strain, coccyx contusion, bilateral knee contusion and sprain, parafunctional dental clenching and grinding, malocclusion due to missing and fractured teeth, major depressive disorder, xerostomia, osteoarthritis of the temporomandibular joint, sleep disorders. Treatments have included oral appliance, BIPAP machine, lorazepam, Flexeril, zumig, Prozac, fiorinal, Ibuprofen, Cymbalta, Effexor, Lexapro, Mobic, Paxil, Soma, Zanax, and Zyrtec. At dispute are the requests Retrospective sleep study 7/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective sleep study 7/29/14: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 03/02/2009. The medical records provided indicate the diagnosis of cervical sprain/strains, thoracic sprains/strains, bilateral shoulder sprains/strains with clinical evidence of impingement, bilateral wrist pain with clinical evidence of left carpal tunnel syndrome, lumbar sprain/strain, coccyx contusion, bilateral knee contusion and sprain, parafunctional dental clenching and grinding, malocclusion due to missing and fractured teeth, Major depressive disorder, Xerostomia, osteoarthritis of the temporomandibular joint, sleep disorders. Treatments have included oral appliance, BIPAP machine, lorazepam, Flexeril, zumig, Prozac, fiorinal, Ibuprofen, Cymbalta, Effexor, Lexapro, Mobic, Paxil, Soma, Zanax, and Zyrtec. The medical records provided for review do not indicate a medical necessity for retrospective sleep study 7/29/14. The MTUS is silent on sleep study; but the Official Disability Guidelines recommends sleep study after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The report does not indicate how long she has suffered from insomnia. Besides, the referral for sleep study was made by her mental health specialist, against the recommendation of the Official Disability Guidelines: "sleep study is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders". Therefore, the request is not medically necessary and appropriate.