

Case Number:	CM14-0178084		
Date Assigned:	10/31/2014	Date of Injury:	08/06/2012
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Ohio. 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 63 year old female with a date of injury of 8-6-2012. She complains of left knee pain and low back pain with radicular symptoms. Her review of systems is also repeatedly positive for a history of sleep apnea which appears to be untreated. She reports difficulty falling asleep, staying asleep and excessive daytime sleepiness. The physical exam reveals obesity, tenderness to palpation and spasm of the lumbar paraspinal musculature, diminished lumbar range of motion, and moderate facet joint tenderness. The left knee reveals a positive McMurray's sign and medial and lateral joint line tenderness. The diagnoses are torn left medial meniscus, lumbar facet syndrome, lumbar radiculitis, lumbar spondylolisthesis, cervical disc disease, and chronic neck sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Consultation: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127

Decision rationale: The referenced guidelines allow for referral to other specialists when the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this instance, it is not clear if the injured worker's sleep apnea is a confirmed diagnosis or a presumptive one. It is uncertain if there is industrial causation for her sleep difficulties and excessive daytime sleepiness. It is clear that her symptoms of excessive daytime sleepiness have interfered with her ability to return to work. Therefore, a sleep medicine consultation is appropriate and medically necessary.