

Case Number:	CM14-0178729		
Date Assigned:	11/03/2014	Date of Injury:	02/13/2010
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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 51 year old with an injury date on 2/13/10. Patient complains of numbness/weakness of the left index finger, pain the right ankle and right shoulder, and L-spine pain with weakness per 7/10/14 report. Patient rates lumbar pain at 9/10, and states back pain is 60% and the pain radiating down bilateral lower extremities is 40% per 4/11/14 report. Based on the 7/10/14 progress report provided by [REDACTED] the diagnoses are: 1. S/p injury to left index finger with residuals.2. History of right ankle injury.3. Right shoulder tendinitis.4. Lumbar spine strain.5. Difficulty sleeping.6. Depression.Exam on 7/10/14 showed "range of motion of L-spine limited with flexion at 50 degrees. Range of motion of right shoulder limited with flexion at 135 degrees." Patient's treatment history includes medications, physical therapy, and epidural steroid injection. [REDACTED] is requesting sleep study. The utilization review determination being challenged is dated 10/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/11/14 to 8/28/14.

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), 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) Pain Chapter, Polysomnography

Decision rationale: This patient presents with left index finger weakness/numbness, right ankle pain, right shoulder pain, and lumbar spine pain. The treater has asked for SLEEP STUDY on 7/10/14. Regarding polysomnography, ODG states recommended 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. In this case, the patient does have a diagnosis of difficulty sleeping, but it has not been documented for more than 6 months. There is no documentation of daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change or sleep-related breathing disorder. There is a concurrent request on 7/10/14 report for a psychiatric evaluation, but there is no documentation that a psychiatric etiology has been excluded. The requested sleep study is not indicated for this patient's condition. The request is not medically necessary.