MAXIMUS Federal Services

Case Number:	CM14-0179626		
Date Assigned:	11/04/2014	Date of Injury:	06/14/2010
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventative (Occupational) Medicine and is licensed to practice in Massachusetts, New Hampshire and New York. 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:

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CLINICAL CASE SUMMARY

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The injured worker is a 48 years old male who reported an injury on 06/14/2010. The mechanism of injury was not noted. His diagnoses were listed as lumbar spinal stenosis, sciatica, tension headaches, cervical spondylosis without myelopathy and lower leg joint pain. His past treatments included medications and aquatic therapy. On 09/08/2014, the injured worker complained of chronic neck, back and left knee. The injured worker also reported that he was given a CPAP machine and diagnosed with sleep apnea. An examination revealed normal muscle strength in all extremities and tenderness to the left knee and lumbar and cervical paraspinous. His medications were listed as Butrans patch 5 mcg/hour applied once every 7 days, senokot-s 8.6-50 mg taken 4 tabs at night, topiramate-topamax 25 mg taken 4 tabs at night, naproxen 550 mg taken once every 12 hours, pantoprozole-protonix 20mg taken 1-2 daily and hydrocodone/apap 5/325mg

taken one tab twice daily as needed for pain. The treatment plan included aquatic therapy, injections, a weight loss program, diagnostic studies and continuation of medications. A request was received for a sleep study evaluation for sleep apnea. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study evaluation for sleep apnea: 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), Treatment Index, 11th Edition (web), 2013, Pain-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: The request for Sleep study evaluation for sleep apnea is not medically necessary. Official disability guidelines recommend sleep studies with indications of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder is suspected, or insomnia complaint for at least six months. Clinical notes indicate the injured worker stated during examination that he was previously diagnosed with sleep apnea and given a CPAP machine recently, however, there were not documents supporting the evidence of the diagnosis of sleep apnea. In addition, there was no documentation to support evidence of daytime somnolence, cataplexy, intellectual or personality changes or complaints of headaches and insomnia. In the absence of documented evidence to support the need for a sleep study evaluation, the request is not supported. Therefore, the request is not medically necessary.