MAXIMUS Federal Services

Case Number:	CM14-0184638		
Date Assigned:	11/12/2014	Date of Injury:	11/02/2007
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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:

This patient is a 50 year old male who developed a chronic pain syndrome subsequent to an injury dated 11/02/07. He was diagnosed with obstructive sleep apnea in '12 and had formal sleep studies performed on 11/01/13 that confirmed this diagnosis. For undocumented reasons the records state the treatment with CPAP was not going to be initiated until March '14, but there is no documentation if the CPAP has been initiated. There is a request for repeat sleep studies, but no supporting rational is given for repeating the studies.

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 cite any medical evidence for its decision.

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 Guidelines do not address this issue. ODG Guidelines address this issue and note that home units are just as effective in lab monitoring the level of success with treatment. In the records reviewed the requesting physician does not justify the medical

necessity of repeat testing and does not document what type of testing is requested (home testing?) The diagnosis of sleep apnea is well established and there is no documentation that the repeat testing is for. Under these circumstances, the request for repeat sleep studies is not medically necessary.