MAXIMUS Federal Services

Case Number:	CM14-0020691		
Date Assigned:	04/30/2014	Date of Injury:	07/16/2009
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal 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:

The patient is a 36-year-old male with a date of injury on 7/17/09. The injury occurred when he was pulling boxes of patties from a lower bin and developed low back pain. He underwent an emergency fusion at L4-S1 for caudal equina syndrome on 8/1/09. On 8/30/2013 an evaluation was performed by his physician. In this evaluation there is no documentation or discussion about symptoms that would warrant a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY - FULL NIGHT: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria For Polysomnography.

Decision rationale: The records I received do not support a clinical scenario that would require a sleep study. Additionally, there is no documentation in the records that there is a link to his work related injury and the request for a sleep study. The ODG state 6 clear criteria for

performing a sleep study and none of these are mentioned to be part of the patient's medical history, complaints or findings in the records reviewed.