MAXIMUS Federal Services

Case Number:	CM14-0024598		
Date Assigned:	06/11/2014	Date of Injury:	12/26/2000
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/26/2014

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 Pain Medicine and is licensed to practice in New York and Texas. 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 45 year old male with complaints of low back pain on 12/26/00. A clinical note dated 03/12/13 indicated the injured worker described low back pain as severe, sharp, stabbing, constant pain radiating to the lower extremities all the way to the feet. The injured worker also complained of tingling, weakness, and cramping in the lower extremities. A clinical note dated 04/19/14 indicated the injured worker utilizing oxycodone, Percocet, and oxycontin for ongoing pain relief. The injured worker continued with decreased sensation in L5 and S1 dermatomes bilaterally. The injured worker was provided with lidocaine and five lidocaine and Depomedrol injections at separate trigger points within the lumbar spine. The Utilization Review dated 02/06/14 resulted in a denial for a sleep study as insufficient information was submitted confirming ongoing complaints of insomnia for at least six weeks. No information was submitted regarding responsiveness to behavioral interventions and sleep promoting medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY WITH HIGH TECH DIAGNOSTIC OR ANY OTHER MPN PROVIDER: 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 Chapter, Polysomnography.

Decision rationale: The request sleep study is not medically necessary. The clinical documentation indicates the injured worker complaining of ongoing low back pain. A sleep study is indicated for injured workers with excessive daytime somnolence, cataplexy, specific complaints of morning headaches, intellectual deterioration, personality changes, significant breathing disorders related to sleep related issues, or insomnia complaints for greater than six months who have been unresponsive to behavioral interventions and sleep promoting medications. No information was submitted regarding any significant clinical findings confirming ongoing insomnia or previous use of medications addressing the sleep disorder issues. Without the necessary objective data in place supporting the request, a polysomnography exam is not fully indicated for this injured worker at this time.