MAXIMUS Federal Services

Case Number:	CM14-0031110		
Date Assigned:	03/13/2014	Date of Injury:	06/04/2011
Decision Date:	03/19/2014	UR Denial Date:	02/17/2014
Priority:	Expedited	Application Received:	03/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in 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 physician 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 claimant is a 44 year old female who sustained a work injury on 06/04/2011. The mechanism of injury was not provided. Her diagnoses include chronic low back pain, lumbar radiculopathy, depression, insomnia and medication-related dyspepsia. On exam she has decreased range of lumbar motion. She admits to insomnia with inability to sleep through the night. She has used Zolpidem. The treating provider has requested an URGENT sleep disordered breathing study (at home).

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT SLEEP DISORDERED BREATHING RESPIRATORY STUDY (AT HOME): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation 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), Indications for Polysomnography

Decision rationale: The reviewed documentation indicates the claimant has insomnia but she has a diagnosis of depression. There is no reported history of snoring or apnea. She does use a prescription sleep medication (Zolpidem). Polysomnography is routinely indicated for the diagnosis of sleep related breathing disorders; for continuous positive airway pressure (CPAP) titration in patients with sleep related breathing disorders; for the assessment of treatment results in some cases; with a multiple sleep latency test in the evaluation of suspected narcolepsy; in evaluating sleep related behaviors that are violent or otherwise potentially injurious to the patient or others; and in certain atypical or unusual parasomnias. Polysomnography may be indicated in patients with neuromuscular disorders and sleep related symptoms; to assist in the diagnosis of paroxysmal arousals or other sleep disruptions thought to be seizure; in a presumed parasomnia or sleep related seizure disorder that does not respond to conventional therapy; or when there is a strong clinical suspicion of periodic limb movement sleep disorder. The claimant has no documentation of any of the above medical conditions. Medical necessity for the requested item has not been established. The requested sleep study at home is not medically necessary