

Case Number:	CM14-0031179		
Date Assigned:	06/20/2014	Date of Injury:	07/18/2010
Decision Date:	08/20/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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 Neurological Surgery, 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on July 18, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 25, 2014, indicates that there are ongoing complaints of loud snoring is witnessed by the injured employee's children. There is a history of hypertension, hyperlipidemia, not obstructive coronary artery disease on a prior CT angiogram. Current medications include Bystolic. Palpitations were noted to occur when the injured employee is lying down at nighttime. No physical examination was performed. A request had been made for a sleep study test and was not certified in the pre-authorization process on that were 17th 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary, 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), Pain, Polysomnography, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for a sleep study or polysomnography include symptoms of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, and sleep-related breathing disorders or periodic limb movement disorder, or insomnia. The presence of snoring by the injured employee does not constitute a sleep-related breathing disorder. In the absence of other symptoms this request for a sleep study test is not medically necessary.