

Case Number:	CM14-0035143		
Date Assigned:	06/23/2014	Date of Injury:	03/24/2006
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 51-year-old male presented with complaints of insomnia. Past medical history was significant for a left knee arthroscopic surgery in 2007 and bilateral carpal tunnel releases. Utilization review dated March 3, 2014 resulted in a denial for polysomnography exam as no information was submitted regarding significant clinical findings indicating the need for a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram Study, provided on April 7, 2010: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Pain Chapter, 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 Chapter, Polysomnography.

Decision rationale: Clinical documentation indicates the injured worker complaining of insomnia. Polysomnography exam is indicated for injured workers who have ongoing excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality

changes, sleep related breathing disorder insomnia for at least six months. No information was submitted regarding significant clinical findings or daytime somnolence or muscular weakness. The injured worker complains of insomnia. However, no information was submitted regarding length of time the injured worker had ongoing symptoms. The retrospective request for a polysomnogram Study, provided on April 7, 2010, is not medically necessary or appropriate.