

Case Number:	CM14-0037636		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2013
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in 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 59-year-old female injured on September 25, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of neck pain radiating to the right upper extremity. The physical examination demonstrated paravertebral muscle spasms of the cervical spine with decreased range of motion. There was a positive Tinel's test and Phalen's test of the right wrist. Upper extremity nerve conduction studies are consistent with right sided carpal tunnel syndrome. A request had been made for sleep apnea testing and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep apnea testing: 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: 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 (Chronic), Polysomnography.

Decision rationale: According to the Official Disability Guidelines the indication for a sleep study, or polysomnography, including excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, breathing disorder, or generalized insomnia unresponsive to behavioral intervention. The attached medical record does not mention these symptoms but rather states that there is a sleeping condition due to psychiatric conditions. Additionally a psychiatric condition is completely unrelated to a biological condition of sleep apnea. For these reasons this request for sleep apnea testing is not medically necessary.