

Case Number:	CM14-0042581		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2003
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 Pain Medicine 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:

This is a 45-year-old female who sustained an industrial injury on 04/24/2003. Diagnoses include failed back syndrome, weight gain and depression. The patient has a history of lumbar fusion with both posterior and anterior approach, spinal cord stimulator, discogram, medications, and physical therapy. The request for one sleep study was denied. On progress note dated 02/10/14 the patient presented with complaints of low back pain with radiation down bilateral legs and occasional abdominal pain. The patient fills her medical regimen provides significant benefit to her. Current medications include Lexapro 10 mg per day, Lidoderm patch when authorized twice per day, Zofran up to twice per day, Oxycodone 20 mg 3 times per day, Flexeril 10 mg 3 times per day, Alprazolam 2 mg once per day, Gabapentin 300 mg 4 times per day, and Hydrocodone 10 mg 8 times per day. Current pain level was rated at 7/10 on a pain scale. On examination she sat comfortably, rises from a chair and walks with an antalgic gait leaning forward and favoring the right leg. She has mild tenderness over the SI joints bilaterally. She reported pain with extension at the lumbar spine. Reflexes were 1+ at the knee and 0 at the ankle. The patients medications were refilled. It was reported that she had a sleep study authorized several months ago and plan was to confirm that this authorization was indeed an effect, and if so, get her sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

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 medical necessity of a sleep study is compared to the ODG criteria, which states "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded." Documentation in this case does not identify at least 6 months of insomnia at least 4 nights per week or describe failure of behavioral interventions, such as sleep hygiene techniques, or sleep promoting agents. There is no specific description of daytime somnolence, cataplexy, morning headache (with other causes ruled out) and personality change. Therefore, the medical necessity of a sleep study is not supported in the current clinical setting and the request is not medically necessary.