

Case Number:	CM14-0043722		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2013
Decision Date:	08/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 62-year-old male who reported an injury after he fell on 07/25/2013. The clinical note dated 07/07/2014 indicated diagnoses of probable lumbar spondylosis with pain secondary to fall, probable cervical spondylosis with neck pain following the fall, peripheral neuropathy, PVD, and signs of bilateral chronic frontal, left brain stem, bilateral cerebellar, and right cortical sensory deficits, more likely than not from small vessel ASVD and not, in and of themselves, disabling. The injured worker reported cervical pain rated 4/10 to 5/10, described as burning, dull, pinching, soreness, tightness, and the injured worker reported it hurt to turn his head side to side. The injured worker reported heat and massage improved his condition. The injured worker also reported back and lumbar pain rated 4/10. He indicated rest improved the condition. Lifting and bending worsened his condition. The injured worker's back pain was described as aching, burning, throbbing, sore, pressure, and pinching. On physical examination, the neck exam revealed no abnormalities. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a request for a sleep study. A Request for Authorization was not submitted for review to include the date the treatment was requested.

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 ODG, Mental Illness & Stress, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The request for Sleep study is non-certified. The Official Disability Guidelines states sleep studies are recommended after at least 6 months of an insomnia complaint (at least 4 nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The Official Disability Guidelines criteria for polysomnography include (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least 6 months (at least 4 nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without 1 of the above mentioned symptoms, is not recommended. The documentation submitted did not indicate the injured worker was unresponsive to behavior intervention or sedative/sleep-promoting medications. It was not indicated if a psychiatric etiology had been excluded. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for sleep related breathing disorder or periodic limb movement disorder, intellectual deterioration, cataplexy, excessive daytime somnolence, personality change, or insomnia complaint for at least 6 months. Moreover, the provider did not indicate a rationale for the request. Additionally, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for any kind of sleep disorder. Therefore, the request for Sleep study is non-certified.