

<b>Case Number:</b>	CM14-0044740		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/19/1995
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 records presented for review, indicate that this 54-year-old male was reportedly injured on September 19, 1995. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 25, 2013, indicated that there were ongoing complaints of low back pain rated at 8/10. Fifty percent pain relief was reported with medications. Current medications include Oxycodone, Sonata, Ibuprofen, Oxazepam, Doxepin, and Senokot. The physical examination demonstrated full to limited range of motion of the lumbar spine in all directions. Existing medications were refilled on this date. No recent diagnostic imaging studies were commented on. Previous treatment included a lumbar laminectomy, an intrathecal pain pump and multiple revision procedures. A request was made for a sleep study for low back pain and a serum Fentanyl level and was not certified in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study for chronic low back pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**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.

**Decision rationale:** According to the Official Disability Guidelines, a sleep study, or polysomnography, is only indicated for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, or sleep-related breathing disorders. There was no indication for a sleep study, for lumbar spine post laminectomy syndrome. For this reason, this request for a sleep study for chronic low back pain is not medically necessary.

**Serum Fentanyl level:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Intrathecal Drug Delivery Systems, Medications, Long-Term Assessment.

**Decision rationale:** According to the most recent progress note dated November 25, 2013, the injured employee stated that he had 50% pain relief with existing medications. As pain relief has been established, it is unclear why there is a request for a serum Fentanyl level. Furthermore, the Official Disability Guidelines does not recommend serum levels for the assessment of intrathecal drug delivery systems. Without further justification, this request for serum Fentanyl level is not medically necessary.