

Case Number:	CM14-0046880		
Date Assigned:	07/02/2014	Date of Injury:	09/14/2012
Decision Date:	08/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 68-year-old female who reported an injury on 09/14/2012, due to a slip and fall. On 09/16/2013, the injured worker presented with lumbar pain rated a 9/10. An exam indicated that the injured worker ambulated with assistance of a cane. There was muscle guarding and spasm present over the lumbar spine with a positive straight leg raise to the right. There was also tenderness to the lumbar paraspinal musculature along the right sacroiliac joint. Diagnoses included a lumbar spine strain with degenerative disc disease, with 4 mm disc herniation at L2-3 through L4-5, and a 6 mm disc herniation at L5-S1. Prior treatments were not provided. The provider recommended a referral consultation for diagnostic studies, but the rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral consultation/treatments, diagnostic sleep study/multiple sleep latency test:

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) Integrated Treatment/Disability Duration Guidelines, Pain (Chronic): Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163 Official Disability Guidelines (ODG) Pain, Polysomnography.

Decision rationale: The request for 1 referral consultation/treatment, diagnostic sleep study/multiple sleep latency test is considered not medically necessary. The California MTUS/ACOEM Guidelines state that, "A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss and/or examinee's fitness to return to work. The provider's rationale was not provided." The injured worker had an evaluation done on 01/06/2014 that presented the injured worker with moderate insomnia. However, there was no evidence of treatment or failed treatments for insomnia. Additionally, a polysomnography is not indicated for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Guidelines recommend insomnia complaints be at least over 6 months with complaints 4 nights a week. Guidelines also recommend that complaints be raised when there is unresponsiveness to behavioral interventions and sedative/sleep-promoting medication.