

Case Number:	CM14-0051372		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2011
Decision Date:	09/16/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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 26 year old patient had a date of injury on 3/31/2011. The mechanism of injury was not noted. In a progress noted dated 3/12/2014, subjective findings included neck pain since his epidural steroid injection performed on 11/12/2013. The pain is 5.5 on scale of 0-10, and the pain affects his ability to get comfortable at night when he tries to sleep. On a physical exam dated 3/12/2014, objective findings included tenderness over bilateral posterior cervical paraspinal muscles, as well as over the bilateral upper trapezius muscles. Increased neck pain was reported upon the extremes of extension and right and left rotation about his cervical spine. Diagnostic impression shows left trapezial myofascitis, contusion/strain/sprain, left shoulder. It also shows rotator cuff tendinosis on let shoulder and strain/sprain of lumbar spine with disc bulging. Treatment to date: medication therapy, behavioral modification, epidural steroid injection. A UR decision dated 3/19/2014 denied the request for sleep study, stating that although claimant presents with sleep problems, prior attempts at initial management of sleep disruption are not outlined, and without documentation of prior care given to manage sleep disturbance, proceeding with sleep study is not evident.

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-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 01/07/2014.

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.

Decision rationale: MTUS does not address this issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In a progress report dated 3/12/2014, the patient complains of his inability to get a good night sleep due to his industrial injury. However, there was no documentation provided regarding the patient experiencing symptoms that meet the criteria for polysomnography, such as daytime somnolence, intellectual deterioration, or personality change. Furthermore, there was no discussion regarding failure of conservative treatments such as sedatives or behavioral modifications. Therefore, the request for sleep study is not medically necessary.