

Case Number:	CM14-0053913		
Date Assigned:	07/07/2014	Date of Injury:	11/01/2006
Decision Date:	08/12/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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 44 year old patient who sustained injury on Nov 1 2006. He underwent cervical discectomy in June 14 2011. He was having ongoing pain in his lumbar spine and was to have a decompression laminectomy and discectomy. He was referred for a sleep study and a gastrointestinal consultation. The patient had issues with depression and was followed by a psychology team.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < <http://www.ncbi.nlm.nih.gov/pubmed/9302725>.

Decision rationale: The patient was diagnosed with depression and was followed by psychology for depression and suicidal ideation. Per the Board of Directors of the American Sleep Disorders Association, provide recommendations for the practice of sleep medicine in North America

regarding the indications for polysomnography in the diagnosis of sleep disorders. Diagnostic categories that are considered include the following: sleep-related breathing disorders; neuromuscular disorders and sleep-related symptoms; chronic lung disease; narcolepsy; parasomnias; sleep-related epilepsy; restless legs syndrome; periodic limb movement disorder; depression with insomnia; and circadian rhythm sleep disorders. Per these guidelines, polysomnography would be medically indicated. The request is medically necessary and appropriate.