

Case Number:	CM14-0060911		
Date Assigned:	07/16/2014	Date of Injury:	06/16/2006
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 48 year old female who was injured on 06/16/2008. The mechanism of injury is unknown. The patient underwent cervical epidural injection on 10/08/2013 and right cervical C6 and C7 transforminal epidural injections on 03/10/2014. Her past medications included Lyrica, Norco, Celebrex, and Soma. Progress report dated 04/07/2014 states the patient complained of neck and low back pain. She received an epidural injection which made her pain tolerable but now she is having more low back pain. She reported it radiates down the left leg with increased weakness which she has been using a cane. She has positive numbness, weakness, and spasm. She is having intolerable headaches and nausea with Norco and rated her pain as a 9/10. Objective findings on exam revealed pain on range of motion at L3-L5. She has decreased range of motion on extension, side bending and rotation of spine. She has tenderness to palpation of the lumbar facet joints and paraspinal muscles. She is diagnosed with lumbar spondylosis with myelopathy, lumbar radiculitis, and lumbar degenerative disk disease. There is no mention of insomnia in records provided. Prior utilization review dated 04/18/2014 states the request for a sleep study is denied as there is no documented diagnosis of the patient having sleep insomnia.

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, Pain Chapter; Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/sleep-disorders/sleep-studies>.

Decision rationale: The Medical Literature recommends the use of sleep studies for the diagnosis of insomnia and its etiology. The medical records do not document that the patient has any sleep disturbances/symptoms to suggest the use of a sleep study. Further, the documents show pain symptoms that may not be related to pain. Based on the Medical literature and clinical guidelines as well as the clinical documentation stated above, the request is not medically necessary.