

Case Number:	CM14-0067545		
Date Assigned:	07/11/2014	Date of Injury:	12/16/2009
Decision Date:	09/10/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Geriatrics and is licensed to practice in New York. 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 36 year-old cabinet installer who sustained an injury on 12/16/09 claimed to the right knee, right hand, neck and low back from routine work in his profession while employed by [REDACTED]. Request under consideration include Sleep Study. The patient is s/p right ACL reconstruction on 10/31/12 and was evaluated for possible CRPS with two sympathetic blocks performed in 2013. Current diagnoses include Lumbar spine sprain/strain rule out radiculopathy; right wrist and hand strain/sprain rule out internal derangement; cervical spine strain/sprain rule out discopathy; s/p TKR-repair. Report of 2/27/14 from the provider noted the patient has lumbar epidural steroid injections x2 (SBG authorized) with temporary relief. Exam showed chronic findings with right leg quadricep atrophy; joint line tenderness with positive McMurray's. There were no lumbar spine or neurological exam documented nor was there any mention for sleep complaints or disturbances evaluated/documentated. The request for Sleep Study was non-certified on 4/28/14 citing guidelines criteria and lack of medical necessity.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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, Polysomnography, pages 822-823.

Decision rationale: This 36 year-old cabinet installer who sustained an injury on 12/16/09 claimed to the right knee, right hand, neck and low back from routine work in his profession while employed by [REDACTED]. Request under consideration include Sleep Study. The patient is s/p right ACL reconstruction on 10/31/12 and was evaluated for possible CRPS with two sympathetic blocks performed in 2013. Current diagnoses include Lumbar spine sprain/strain rule out radiculopathy; right wrist and hand strain/sprain rule out internal derangement; cervical spine strain/sprain rule out discopathy; s/p TKR-repair. Report of 2/27/14 from the provider noted the patient has lumbar epidural steroid injections x2 (SBG authorized) with temporary relief. Exam showed chronic findings with right leg quadriceps atrophy; joint line tenderness with positive McMurray's. There were no lumbar spine or neurological exam documented nor was there any mention for sleep complaints or disturbances evaluated/documentated. The request for Sleep Study was non-certified on 4/28/14. There is no specific documentation of what sleep disturbances the patient exhibits. ODG recommends Polysomnography after at least six months of an insomnia complaint (at least four nights a week); unresponsive to behavior intervention and sedative/sleep-promoting medications; and after psychiatric etiology has been excluded. Criteria for the Polysomnography include (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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. Criteria are not met. The Sleep study is not medically necessary and appropriate.