

Case Number:	CM14-0074255		
Date Assigned:	07/16/2014	Date of Injury:	04/01/2008
Decision Date:	08/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/21/2014

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:

Injured worker is a female with a date of injury of 4/1/2008. Per qualified medical examination dated 3/24/2014, the injured worker complains of headaches, but also reports neck pain, psychological complaints, sexual dysfunction, sleep disturbance, internal complaints, vertigo and Temporal Mandibular Joint pain. She reports that she is only able to sleep about 4 to 5 hours at a time. She is awakened by head pain. She has difficulty finding a comfortable position to sleep in due to head and neck pain. She is noted to have had a polysomnogram diagnostic study on 4/17/2012 showing moderate obstructive sleep apnea. On examination she is a 5 foot, 2 inch tall, 145 pound female. ENT exam is within normal limits, and neck has full range of motion. Diagnoses include muscle contraction headaches, migraine headaches, situational anxiety (clearing) and benign positional vertigo (improved).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Polysomnogram study with Continuous Positive Airway Pressure (CPAP): 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, Polysomnography.

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 section.

Decision rationale: There have been multiple requests for repeat polysomnography by the requesting provider which have not been certified. The most recent clinical evaluation describes sleep dysfunction in this injured worker as only able to sleep about 4 to 5 hours at a time, awakened by head pain, and difficulty finding a comfortable position to sleep in due to head and neck pain. The number of days per week is not described. Per the ODG, the criteria for polysomnography include excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, insomnia complaint at least four nights of the week for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. The criteria for polysomnography have not been established for this injured worker. The request for Repeat Polysomnogram study with Continuous Positive Airway Pressure (CPAP) is determined to not be medically necessary.