

Case Number:	CM14-0077588		
Date Assigned:	07/18/2014	Date of Injury:	09/24/2010
Decision Date:	09/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family Practice 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:

57 yr. old female claimant sustained a work injury on 9/24/10 involving the low back. She was diagnosed with lumbar discopathy and radiculitis. She previously had another work related back injury in 1998 and she underwent a lumbar microdiscectomy. A progress note on 2/18/14 indicated the claimant had difficulties with activities of daily living. The claimant additionally was having difficulties sleeping at night. Cardio-pulmonary or head and neck exams were no noted . The treating physician requested a sleep study to evaluate for sleep apnea. A cardio-respiratory testing was performed on 2/18/14 that showed an autonomic dysfunction. The treating physician recommended pulmonary respiratory diagnostic testing and screening for sleep disordered breathing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Evaluation for 2 nights: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Polysomnography.

Decision rationale: According to the ODG guidelines, a sleep study is recommended 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. In this case, a detail of the sleep pattern is not mentioned. There are no symptoms such as daytime somnolence, morning fatigue or snoring consistent with apnea. The request above is not supported by the guidelines and is not medically necessary.

Pulmonary/respiratory diagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary.

Decision rationale: According to the ODG guidelines, pulmonary testing is recommended as indicated for COPD, asthma, chronic lung disease, etc. There are no symptoms such as daytime somnolence, morning fatigue or snoring consistent with apnea. There is no indication for pulmonary function testing based on insufficient clinical evidence requiring one. The request above is not medically necessary.