

Case Number:	CM14-0079964		
Date Assigned:	07/18/2014	Date of Injury:	10/30/2012
Decision Date:	09/09/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 31-year-old male with a 10/30/12 date of injury. At the time (4/21/14) of the request for authorization for home sleep test type Intravenous (IV) portable monitor 10 channel, there is documentation of subjective (sleep dysfunction continues) and objective (significant scarring of the chest wall, he has a great deal of difficulty with deep inspiration, right arm edema is not as dramatic, there is some significant range of motion to his right shoulder and this actually radiates across his right chest and over the right pectoralis muscles) findings, current diagnoses (severe full thickness burn, upper body constitutes 53% exposure, status post skin graft and releases; lumbar strain; constrictive scarring to the right arm with some dependant edema; probable obstructive sleep apnea; posttraumatic anxiety/depression; and urinary dysfunction, medication induced, resolved), and treatment to date (medications). There is no documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Sleep Test Type IV Portable Monitor 10 Channel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Criteria for 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.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or 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, as criteria necessary to support the medical necessity of polysomnography. Within the medical information available for review, there is documentation of diagnoses of severe full thickness burn, upper body constitutes 53% exposure, status post skin graft and releases; lumbar strain; constrictive scarring to the right arm with some dependant edema; probable obstructive sleep apnea; posttraumatic anxiety/depression; and urinary dysfunction, medication induced, resolved. However, there is no documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or 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. Therefore, based on guidelines and a review of the evidence, the request for home sleep test type IV portable monitor 10 channel is not medically necessary and appropriate.