

Case Number:	CM14-0082557		
Date Assigned:	07/23/2014	Date of Injury:	02/22/2013
Decision Date:	08/28/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/04/2014

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 Neurological Surgery 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 injured worker is a 22-year-old male who was reportedly injured on 2/22/2013. The mechanism of injury was noted as struck in the head by a door. The most recent progress note dated 5/20/2014, indicated that there were ongoing complaints of headache, neck pain, and low back pain. The physical examination demonstrated the injured employee's pupils were equal, round, reactive to light and accommodation. Cranial nerves II-XII were intact. Cervical spine had positive tenderness at the suboccipital, scalene, sternocleidomastoid, and left trapezius muscles, decreased range of motion and decreased motor strength at the bilateral upper extremities. Lumbar spine had hypolordosis. There was painful heel-toe walk, squats to 10%, tender posterior superior iliac spine, decreased range of motion, bilateral straight leg raise at 60 sitting and decreased motor strength at bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for multiple sleep latency test and polysomnography #1 and was non-certified in the pre-authorization process on 5/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multiple Sleep Latency Test #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Polysomnography (updated 7/10/14).

Decision rationale: The Official Disability Guidelines (ODG) guidelines support polysomnography for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder, and insomnia for 6 months that is unresponsive to behavioral intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. After review of the available medical records, the claimant does not meet the criteria due to lack of supporting clinical documentation. As such, the request for Multiple Sleep Latency Test #1 is not medically necessary and appropriate.

Polysomnography #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14) Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Polysomnography (updated 7/10/14).

Decision rationale: Official Disability Guidelines support polysomnography for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder, and insomnia for 6 months that is unresponsive to behavioral intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. After review of the available medical records, the claimant does not meet the criteria due to lack of supporting clinical documentation. As such, this request is not considered medically necessary.

Polysomnography #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14) Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Polysomnography (updated 7/10/14).

Decision rationale: The Official Disability Guidelines (ODG) support polysomnography for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder, and insomnia for 6 months that is unresponsive to behavioral intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. After review of the available medical records, the claimant does not meet the criteria due to lack of supporting clinical documentation. As such, the request for Polysomnography #1 is not medically necessary and

appropriate.