

Case Number:	CM14-0087683		
Date Assigned:	07/23/2014	Date of Injury:	09/14/2011
Decision Date:	09/30/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on September 14, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 3, 2013, indicates that there are ongoing complaints of headaches once or twice a week and generalized low back pain. There was a normal neurological evaluation and a diagnosis of TBI, depression, frontal lobe syndrome, CSF leak, TMJ pain, radicular low back pain, right shoulder disruption, obstructive sleep apnea, and migraines. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications and the use of a CPAP. A request had been made for a multiple sleep latency test/polysomnography and was not certified in the pre-authorization process on May 14, 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/ polysonogram: 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), Pain, Polysomnogram, Updated September 10, 2014.

Decision rationale: According to the Official Disability Guidelines the indication for a polysomnogram includes excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, sleep-related breathing disorder, or insomnia. A review of the attach medical records only indicates that the injured employee feels tired at the end of the week and is already using a CPAP. As such, this request for a Multiple sleep latency test/polysomnogram is not medically necessary.