

Case Number:	CM14-0094541		
Date Assigned:	07/25/2014	Date of Injury:	01/31/1997
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 40 year old female with date of injury 1/31/1997. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic neck and lower back pain since the date of injury. She has been treated with physical therapy, acupuncture and medications. MRI of the lumbar spine performed in 03/2013 revealed degenerative disc disease at L3-L5. MRI of the cervical spine performed in 03/2013 revealed degenerative disc disease. Objective: tenderness to palpation of the cervical spine, right shoulder tenderness to palpation, decreased range of motion of the cervical spine, decreased sensation of the right upper extremity, lumbar paraspinal musculature tenderness to palpation, decreased range of motion of the lumbar spine, antalgic gait. Diagnoses: cervical spine degenerative disc disease with radiculopathy, lumbar spine degenerative disc disease with radiculopathy, obesity, whole body chronic pain syndrome. Treatment plan and request: sleep study, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study to rule out sleep apnea, as an outpatient for neck and back injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, PHYSICIAN'S DESK REFERENCE, OFFICIAL DISABILITIES GUIDELINES WORKERS COMPENSATION DRUG

FORMULARY, EPOCRATES ONLINE, MONTHLY PRESCRIBING REFERENCE,
AGENCY MEDICAL DIRECTOR'S GROUP DOSE CALCULATOR.

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: This 40 year old female has complained of chronic neck and lower back pain since date of injury 1/31/1997. The current request is for a sleep study, outpatient. Per the ODG guidelines cited above, a sleep study is recommended only after six months of complaint of insomnia with symptoms being present for greater than or equal to 4 nights per week, that is unresponsive to behavioral interventions and sleep promoting medications and exclusion of psychiatric conditions. There is no such documentation of symptoms or evaluation present in the available medical records. On the basis of the ODG guidelines and medical documentation available, therefore, the request of Sleep study to rule out sleep apnea, as an outpatient for neck and back injury is not medically necessary and appropriate.