

Case Number:	CM14-0099878		
Date Assigned:	09/16/2014	Date of Injury:	01/30/2001
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 patient is a 69-year-old male who has submitted a claim for hypertension, obstructive sleep apnea with CPAP use, and peripheral neuropathy associated with an industrial injury date of 01/30/2001. Medical records from 05/01/2014 to 05/30/2014 were reviewed and showed that patient did not complain of insomnia. The patient denied anxiety, depression, or mania. Physical examination revealed appropriate mood and affect, oriented to time, place, and person, and unremarkable respiratory system evaluation findings. Of note, there was no diagnosis of a psychiatric disorder. Treatment to date has included Atenolol and Flomax. Of note, there was no documentation behavior intervention or sleep-promoting medications. Utilization review dated 05/30/2014 denied the request for sleep study because the claimant's response from prior use of CPAP does not indicate need for sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: 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) Pain, Polysomnography

Decision rationale: The CA MTUS does not specifically address the request for sleep study. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography 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, there was no complaint of insomnia. Furthermore, there was no documentation behavior intervention or sleep-promoting medication. The patient did not meet the criteria for sleep study. Therefore, the request for sleep study is not medically necessary.