

Case Number:	CM14-0005093		
Date Assigned:	06/11/2014	Date of Injury:	09/30/2012
Decision Date:	01/16/2015	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 Pulmonary Diseases 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 62-year-old male who reported an injury on 09/30/2012. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar spine disc bulge and lumbar spine radiculopathy. The injured worker presented on 11/18/2013 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment includes physical therapy, acupuncture, medication management, and epidural steroid injection. Physical examination revealed tenderness of the lumbar spine at L3-5, positive Kemp's testing bilaterally, positive straight leg raise on the left, decreased sensation at L4-S1, and weakness with toe raising on the left. Treatment recommendations at that time included authorization for a sleep study. A request for authorization form was then submitted on 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic test to rule out RPA, SBA, OSA (obstructive sleep apnea), and CSR; spirometry: 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)-Pulmonary Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary Function Testing.

Decision rationale: The Official Disability Guidelines recommend pulmonary function testing as indicated. It has been recommended in asthma patients. It is also recommended in the preoperative evaluation of individuals who may have some degree of pulmonary compromise. According to the documentation provided, there was no subjective or objective documentation of the injured worker's pulmonary symptoms or functional impairment. There is no clear indication for pulmonary diagnostic testing. Therefore, the request is not medically appropriate at this time

Pulmonary function and stress testing: 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) - Pulmonary Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary function testing.

Decision rationale: The Official Disability Guidelines recommend pulmonary function testing as indicated. It has been recommended in asthma patients. It is also recommended in the preoperative evaluation of individuals who may have some degree of pulmonary compromise. According to the documentation provided, there was no subjective or objective documentation of the injured worker's pulmonary symptoms or functional impairment. There is no clear indication for pulmonary diagnostic testing. Therefore, the request is not medically appropriate at this time.

Sleep disordered breathing respiratory (SDBR) study including overnight pulse oximetry and nasal function studies: 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 Chapter- Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Polysomnography.

Decision rationale: The Official Disability Guidelines recommend polysomnogram/sleep studies for the combination of certain indications. There should be documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration; sleep related breathing disorder, insomnia complaints for at least 6 months, and an exclusion of sedative/sleep promoting medications and psychiatric etiology. The injured worker does not meet any of the above mentioned criteria. Therefore, the medical necessity for the requested diagnostic testing has not been established. As such, the request is not medically appropriate at this time.

