

Case Number:	CM14-0122963		
Date Assigned:	08/11/2014	Date of Injury:	06/11/2011
Decision Date:	01/27/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old male with an injury date on 06/11/2011. Based on the 07/07/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical muscle spasm 2. Cervical disc herniation per MRI 3. Status post-surgery, cervical spine 4. Radiculopathy, cervical 5. Thoracic musculoligamentous injury 6. Thoracic muscle spasm 7. Lumbar musculoligamentous injury 8. Lumbar muscle spasm 9. Lumbar disc herniation per MRI 10. Radiculopathy, lumbar 11. Left shoulder joint effusion 12. Left shoulder muscle spasm 13. Left shoulder internal derangement 14. Right shoulder muscle spasm 15. Right shoulder internal derangement 16. Status post-surgery, right shoulder 17. Left carpal tunnel syndrome 18. Left de Quervan's disease 19. Right wrist tenosynovitis Right carpal tunnel syndrome 20. Status post laceration, finger 21. Status post laceration, finger, right 22. Loss of sleep 23. Psych component 24. Internal medicine diagnosis 25. Haglund's deformity of the right heel 26. Achilles tendonitis 27. Rule out Bell's palsy, possible secondary to psychological. According to this report, the patient complains of "constant severe neck pain and stiffness, pain radiating to left elbow after neck fusion." The patient also complaint is complaint of loss of sleep due to pain, depression, anxiety, and irritability. Exam findings indicate +3 tenderness and spasm of the cervical/thoracic/ lumbar paravertebral muscles, bilateral trapezii, and bilateral SI joints. Range of motion of the lumbar spine is limited. Kemp't's test is positive. The treatment plan is to request for Physical therapy, Kinetic activities. Follow up with: Neurologist (PRN), Ortho, Pain Management (PRN), Neurosurgeon, Internal Medicine, Psychologist, Hand specialist and Podiatrist, cervical spine injection and lumbar laminar foraminotomy and microdiscectomy, request for left shoulder surgery and right wrist surgery and sleeping study. The patient's work status is to "remain off work until 08/21/2014. There were no other significant findings noted on

this report. The utilization review denied the request for Sleep study on 07/17/2014 based on the ODG guidelines. The requesting physician provided treatment report dated 08/04/2014.

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 (ODG), Treatment in Workers Compensation, Pain Chapter, 2014

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

Decision rationale: According to the 07/07/2014 report, this patient presents with "constant severe neck pain and stiffness, pain radiating to left elbow after neck fusion" and loss of sleep due to pain. The current request is for Sleep study. The MTUS and ACOEM Guidelines do not address sleep study; therefore, ODG Guidelines are used. ODG states sleep studies are recommended when there are indications of (1) Excessive daytime somnolence; (2) Cataplexy; (3) Morning headache; (4) Intellectual deterioration; (5) Personality change; & (6) Insomnia complaint for at least six months." In reviewing the 04/28/2014 and 12/02/2013 report, the treating physician states the patient has "loss of sleep due to pain. " In this case, records show the patient has had sleeping issue for at least 6months but there is no documentation of excessive daytime somnolence, cataplexy, morning HA's, intellectual deterioration or personality changes. The current request is not medically necessary.