MAXIMUS Federal Services

Case Number:	CM14-0185148		
Date Assigned:	11/13/2014	Date of Injury:	07/12/2011
Decision Date:	01/27/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Rehab, 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 43 year old male with an injury date on 07/12/2011. Based on the 08/13/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical sprain/strain herniated cervical disc with radiculitis positive MRI2. Tendinitis carpal tunnel syndrome right hand positive NCV3. Tendinitis carpal tunnel syndrome left hand positive NCV4. Lumbar strain herniated lumbar disc with radiculitis positive MRI5. Symptoms of anxiety and depression6. Symptoms of insomniaAccording to this report, the patient complains of "pain in lower back with radicular symptoms legs. The patient has difficulty sleeping due to the pain and difficulty with lifting. The patient is experiencing stress and anxiety." Physical examination findings reveal lumbar spine range of motion is restricted. Straight leg raise is positive at 75 bilaterally. There is tightness in the lumbar paraspinal musculature. The examination findings are unchanged from the 04/13/2014 report.The patient has been conservatively treated with physical therapy, acupuncture, and chiropractic care with transient relief. Treatment plan is request for epidural steroid injections at L2/3, low back brace for support, internal medicine evaluation, weight loss program, and refill medications. Patient's works status is "Total temporary disability." There were no other significant findings noted on this report. The utilization review denied the request for CPAP titration sleep study on 10/07/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 08/16/2013 to 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous positive airway pressure (CPAP) titration sleep study, per 09/05/14 exam note: 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)

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 08/13/2014 report, this patient presents with "pain in lower back with radicular symptoms legs and has difficulty sleeping due to the pain. The current request is for CPAP titration sleep study per 09/05/2014 exam note but the treating physician's report and request for authorization containing the request is not included in the file. The MTUS and ACOEM Guidelines do not address sleep study; therefore, ODG was used. ODG states sleep studies are recommended when there 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 04/03/2014, 08/13/2014 and 10/22/2014 reports, the treating physician states the patient has "difficulty sleeping due to the pain." In this case, records show the patient has had sleeping issue for at least 6 months 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.