

Case Number:	CM14-0185181		
Date Assigned:	11/13/2014	Date of Injury:	07/12/2011
Decision Date:	01/30/2015	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:

This patient is a 43 year old male with a date of injury of 7/12/11. According to treatment report dated 8/13/14, the patient presents with continued low back pain with radicular leg symptoms. The patient has difficulty sleeping due to pain. The patient also reports experiencing stress and anxiety. Physical examination revealed lumbar spine range of motion flexion 50, extension 20, lateral bending right 20 and left. Straight leg raise is positive bilaterally at 75. There is tightness in the lumbar spine paraspinal musculature. The listed diagnoses are: 1. Cervical sprain/strain 2. Teninitis carpal tunnel syndrome bilateral, positive NCV 3. Lumbar strain herniated disc with radiculitis 4. Symptoms of anxiety, depression and insomnia. Treatment plan is for lumbar epidural steroid injection, medically managed weight loss program, low back brace, internal medicine referral for blood pressure, and medications. The patient is totally temporary disabled. This is a request for sleep evaluation. The Utilization review denied the request on 8/13/14. Treatment reports from 8/16/13 through 10/22/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep evaluation for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines, Low Back; Pain

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

Decision rationale: This patient presents with continued low back pain with radicular leg symptoms. The patient has difficulty sleeping due to pain. The current request is for Sleep evaluation for low back. ACOEM topics and MTUS Chronic pain guidelines do not discuss polysomnograms/sleep studies; therefore, ODG guidelines are consulted. ODG Guidelines under the Pain chapter has the following regarding polysomnogram, "recommended after at least 6 months of insomnia complaints, at least 4 nights a week, unresponsive to behavior, intervention, and sedative sleep-promoting medication, and after psychiatric etiology has been excluded." In this case, although progress report indicates issues with the patient's sleep, the treating physician does not discuss behavioral interventions, medication trial, and psychiatric etiology. As required by ODG, there are no documentations of excessive daytime somnolence, intellectual deterioration, personality change, etc. The requested sleep evaluation is not medically necessary.