

Case Number:	CM14-0188295		
Date Assigned:	11/19/2014	Date of Injury:	09/02/1998
Decision Date:	01/07/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 and is licensed to practice in Arizona. 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 61 year old woman with a work related injury dated 9/2/1998 resulting in chronic low back pain. The patient was evaluated by the primary treating physician on 10/23/14. She continued to complain of low back pain. The diagnosis includes lumbar post laminectomy and lumbar radiculopathy. She has been treated with oral analgesic medications and an intrathecal pain pump. There is no documentation regarding daytime sleepiness or problems with sleep. Under consideration is the medical necessity of a sleep study/neurology denied during utilization review dated 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One sleep study/neurology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Criteria for Polysomnography

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

Decision rationale: According to the Official Disability Guidelines (ODG) chapter on chronic pain a polysomnography (sleep study) is medically necessary when there is cataplexy, morning

headache, intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder is suspected, insomnia for at least six months unresponsive to behavior intervention. In this case the documentation doesn't show that these criteria are met therefore the polysomnography is not medically necessary.