

Case Number:	CM14-0194956		
Date Assigned:	12/02/2014	Date of Injury:	12/03/2007
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 57-year-old male with a 12/3/07 date of injury. At the time (10/28/14) of the Decision for Sleep study, there is documentation of subjective complaints of fatigue at the end of the day. The objective findings include regular heart sounds, 2+ peripheral pulses, no focal neurologic findings, negative murmur, and clear lungs. The current diagnoses include chronic heart failure. The treatment to date includes medications. There is no documentation of excessive daytime somnolence; that the patient is unresponsive to behavior intervention and sedative/sleep-promoting medications; that sleep-related breathing disorder or periodic limb movement disorder is suspected; and that psychiatric etiology has been excluded.

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 (TWC), Pain Procedure Summary

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, Polysomnography

Decision rationale: MTUS does not address this issue. Official Disability Guidelines (ODG) identifies documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded, as criteria necessary to support the medical necessity of polysomnography. Within the medical information available for review, there is documentation of a diagnosis of chronic heart failure. However, there is no documentation of excessive daytime somnolence; that the patient is unresponsive to behavior intervention and sedative/sleep-promoting medications; that sleep-related breathing disorder or periodic limb movement disorder is suspected; and that psychiatric etiology has been excluded. Therefore, based on guidelines and a review of the evidence, the request for sleep study is not medically necessary.