

Case Number:	CM14-0199931		
Date Assigned:	12/10/2014	Date of Injury:	02/18/2009
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

8/7/14 note indicates pain in the back. The insured had a lumbar ESI with reported at least 50% improvement in pain for 4 weeks. The back pain then returned. There is previous lumbar surgery with failed microdiscectomy in 12/6/12. The insured underwent PLIF at L4-5 on 6/19/13. Pain was 8/10. Medication was reported to help 30-50%. Examination notes decreased range of motion. Strength was 4/5 in the left lower extremity. The left Achilles tendon was absent. There was decreased sensation in the L5 and S1 distribution of the left. There was positive straight leg raise. 5/28/14 lumbar spine MRI reports L4-5 interbody fusion with pedicle screws at L4 and L5. There is a small posterior annular tear at L4-5. There is reported psychological evaluation for spinal cord stimulator with reported clearance psychologically on 5/29/14. The insured is reported to have had 6 months of treatment that included pharmacologic, surgical, physical therapy, and psychological treatment.

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) Web-based version, Pain Chapter

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

Decision rationale: ODG guidelines support sleep study after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The medical records provided for review do not indicate difficulty sleeping or at least 6 months of insomnia complaint. There is no report of abnormal snoring, excessive daytime sleepiness or report of abnormal Epworth sleep score in support of procedure. As such the medical records provided for review do not support medical necessity of study.