

Case Number:	CM14-0204635		
Date Assigned:	12/16/2014	Date of Injury:	05/23/2007
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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:

Injured worker is a male with date of injury 5/23/2007. Per primary treating physician's progress report dated 10/14/2014, the injured worker complains of neck pain with associated arm pain, and low back pain with associated leg pain. His symptoms are reported as worse. He is on temporary total disability. Examination is reported as unchanged from last visit. Diagnoses include 1) neck pain 2) brachial neuritis 3) spinal stenosis of lumbar region 4) low back pain 5) acquired spondylolisthesis 6) disorder of trunk.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 section

Decision rationale: The MTUS Guidelines do not address the use of sleep evaluation. The ODG recommends the use of polysonogram after at least six months of an insomnia complaint (at least four night a week), unresponsive to behavior intervention and sedative/sleep-promoting

medications, and after psychiatric etiology has been excluded. Other indications include excessive daytime somnolence, cataplexy, morning headache (other causes have been ruled out), intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder is suspected. The requesting physician indicates that the injured worker most likely suffers from sleep apnea. There is no indication that behavior intervention and sedative/sleep-promoting medications have been utilized, and that psychiatric etiology has been excluded. The request for Sleep Study is determined to not be medically necessary.