

Case Number:	CM14-0205015		
Date Assigned:	12/17/2014	Date of Injury:	08/14/2014
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
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 Physical Medicine Rehab 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:

The patient is a 37 year old male with date of injury 8/14/14. The treating physician report dated 11/02/14 (55) indicates that the patient presents with pain affecting the back and neck with radiation down the right upper extremity as well as headaches. He has developed twitching and involuntary movements at night. The physical examination findings reveal normal speech, appropriate content, normal memory, alert and oriented x 3, depressed mood and normal affect. Prior treatment history includes medications, x-ray and MRI. MRI findings of the cervical spine reveal 4.5 mm right paracentral extrusion of cervical 4-5 largest on the right, mild flattening of the anterior cervical cord and possible impingement of right cervical 6 root. MRI findings of the thoracic spine reveal mild flattening of the anterior cord at thoracic 2-3. The current diagnoses are: 1.Cervical/lumbar/thoracic sprain2.Parasomnia3.Periodic limb movement4.Fasciculations of muscle/muscle twitchThe utilization review report dated 11/12/14 denied the request for sleep study and consult based on the complaint being shorter than six months and no sleep medications having been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study and consult: 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), 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:Polysomnograms.

Decision rationale: The patient presents with back and neck pain with radiation down the right upper extremity as well as headaches. He has developed twitching and involuntary movements at night. The current request is for sleep study and consult. The treating physician states that the patient's wife tells him that he is twitching all night long. He has had limb movements during sleep and has been speaking while sleeping. He is arousing himself awake frequently overnight and is tired during the day. The MTUS guidelines do not address sleep studies. The ODG guidelines state that the rationale for a polysomnogram includes "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." In this case, this is a new complaint since the initial injury about three months ago. There has not been the complaint of insomnia for six months. The treating physician has not documented any sedative/sleep-promoting medications being prescribed that the patient has been unresponsive to. The request is not medically necessary.