

Case Number:	CM14-0208460		
Date Assigned:	12/22/2014	Date of Injury:	09/18/2014
Decision Date:	02/18/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for neck, mid back, and bilateral shoulder pain reportedly associated with an industrial injury of September 18, 2014. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a sleep study and denied a functional capacity evaluation. A progress note of November 20, 2014 was referenced in the determination. Non-MTUS ODG guidelines were invoked, exclusively. In an applicant review of systems questionnaire dated September 18, 2014, the applicant did state that she had a history of previous work-related illnesses but specifically denied any issues with respiratory, sleep, or neurologic issues. The claims administrator's medical evidence log did not include the November 20, 2014 office visit on which the articles in question were sought. The applicant was apparently working with restrictions in place as of a progress note of October 15, 2014 and was using Seroquel, Tylenol, Relafen, and Flexeril, it was stated. The applicant had issues with insomnia for which she was reportedly using Seroquel, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. While the American Academy of Sleep Medicine does note that polysomnography (AKA sleep study) is indicated in applicants in whom there is reasonable clinical suspicion of a breathing or movement disorder, when initial diagnosis is uncertain, and/or where treatment fails, in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. It was not clearly stated why a diagnosis of sleep apnea was in question here. The November 20, 2014 progress note and associated RFA form on which the article in question was sought were not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

One Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and determine work capability, in this case, however, it is not clear why it is needed to formally translate medical impairments into functional limitations. The applicant was, per a historical progress note dated October 15, 2014, already working with restrictions in place. It is not clear what role functional capacity testing would have in the clinical and vocational context present here, although it is acknowledged that the November 20, 2014 progress note and the RFA form on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.