

Case Number:	CM14-0041271		
Date Assigned:	06/27/2014	Date of Injury:	08/16/2013
Decision Date:	01/27/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 Geriatric Medicine and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 8/16/13. He was seen by his provider on 2/18/14 and complained of increased headache and insomnia. The note is hand written and difficult to read. He had just had his first psychoogical evaluation. His exam is documented as 'psycho report pending'. His diagnoses were chemical exposure, cephalgia, insomnia and chronic diarrhea. Subsequent notes indicate he has snoring, sleep disturbance due to breathing and shortness of breath. At issue in this review is the request for 1 Sleep Study related to Chemical Exposure to the Lungs/Chest.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sleep Study related to Chemical Exposure to the Lungs/Chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sleep pathologies in depression and the clinical utility of polysomnography: Canadian journal of psychiatry, 55 (7): 413-421.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Clinical presentation and diagnosis of obstructive sleep apnea in adults.

Decision rationale: This injured worker has a history of insomnia and headaches. Testing is recommended for those individuals who snore and have excessive daytime sleepiness. The request is for a sleep study but it is not clear the contributions that pain or current medications contribute to day time somnolence or difficulty sleeping related to pain. Additionally, there is not documentation that the worker's bed partners have observed periods of apnea, which are part of the screening criteria. The sleep disturbance is not clearly delineated and the records do not support the medical necessity for a sleep study. Therefore the request is not medically necessary.