

Case Number:	CM14-0067221		
Date Assigned:	07/11/2014	Date of Injury:	01/14/2013
Decision Date:	04/03/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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: California

Certification(s)/Specialty: Family Practice

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 52-year-old male who reported an injury on 01/14/2013, due to cumulative trauma while performing normal job duties. The injured worker was initially diagnosed with hypertension. The injured worker was conservatively treated with lifestyle changes followed by medication management. The injured worker was examined on 03/27/2014. It was documented that the injured worker had blood pressure of 140/91, with a pulse of 61, and a body mass index of 32. It was noted that the injured worker had an electrocardiogram that showed a sinus bradycardia. The injured workers diagnoses included status post development of hypertension and possible hypertensive heart disease. The injured workers treatment plan included a stress echocardiogram, a 2D echocardiogram, sleep study, laboratory evaluation, and chest x-rays. The Request for Authorization form was submitted on 04/15/2015, to support the request.

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- Polysomnography.

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.

Decision rationale: The requested sleep study is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend sleep studies for patients who have significantly impaired activities of daily function and mood disturbances related to abnormal sleep function. The clinical documentation submitted for review does not provide any evaluation regarding the injured workers sleep habits. Additionally, there is no documentation that the injured worker has failed to respond to at least 6 months of non-pharmacological interventions for restorative sleep function. As such, the requested sleep study is not medically necessary or appropriate.