

Case Number:	CM14-0094156		
Date Assigned:	09/22/2014	Date of Injury:	10/06/2010
Decision Date:	02/04/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Orthopedic Surgery 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 injured worker is a 41 year old female who sustained a work related injury on 10/06/2010. While working as a packer on a double assembly line. The injured worker's duties consisted of grasping cans filled with protein drink and lifting them quickly to check dates on the bottom and packing them into boxes. The injured worker reported while performing her usual duties, her coworker left the assembly line without letting the machine operator know, the machine operator speed up the machine, the injured worker continued to work and stated she felt a pop in her left wrist and notice immediate swelling in her hand, wrist and finger, with pain that extended all the way up her left arm. After 20 minutes the injured worker was relieved and went to urgent care, the injured worker was treated with Ibuprofen and sent back to work and no work restrictions were given. The injured worker continues with on-going complaint of constant pain to her upper left extremity, pain to her entire left arm, left hand and wrist with swelling, complaints of neck pain that extends down to her low back and intermittent headaches. Current diagnoses include: left arm reflex sympathetic dystrophy (RSD), left elbow, bilateral wrist and right hand, cephalgia, dizziness, left hemihypoesthesia, left TMJ pain, emotional distress and sleep disturbance and cognitive impairment. Current treatments have consisted of: medications, stellate blocks and cervical spine injection which the injured worker felt made her worse, acupuncture, and occupational therapy from 2011 to 2013. The injured worker underwent post radial nerve decompression 10/07/2011 and MRI 03/20/2014 and 04/07/2014, and electromyography 02/2011. The most recent neurosurgical/neurological progress report dated 04/28/2014, the injured worker reported continued complaint of difficulties with sleeping, standing, walking, sitting, running, working, lifting, driving and riding in a vehicle, and severe left upper extremity pain. The injured worker was not currently working. A request for Sleep Study Evaluation was submitted. On 05/22/2014 a utilization review for the Sleep Study Evaluation was performed and

determined to be non-certified. The reviewing physician cited CA MTUS guidelines were not established, the indications for the sleep study are to include: 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 were not documented within the medical records submitted for review. Therefore, the Sleep Study Evaluation was recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study 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 in Workers Comp 18th edition, 2013 Updates chronic pain; Polysomnography; Criteria for 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, Polysomnography

Decision rationale: CA MTUS does not specifically address polysomnogram, sleep study, therefore the Official Disability Guidelines (ODG) were utilized. ODG, Pain section, Polysomnogram states that criteria for polysomnography include excessive daytime somnolence: history of cataplexy; morning headache; intellectual deterioration; personality change; or increase in the insomnia complaint for 6 weeks unresponsive to behavior intervention and sedative promoting medications. In this case, there is lack of evidence from the exam notes of 4/28/14 of the above criteria being satisfied to support a sleep study. Therefore, this request is not medically necessary.