

Case Number:	CM15-0101577		
Date Assigned:	06/04/2015	Date of Injury:	05/18/2012
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency 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 injured worker is a 57-year-old male with an industrial injury dated 09/30/2014. The mechanism of injury is documented as a fall with complaints of neck pain, lower back pain radiating to his bilateral lower extremities up to his knees and bilateral shoulder pain. His diagnoses included cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture, right shoulder strain, left shoulder strain, right hip strain, right knee strain and right foot strain. Prior treatments included epidural steroid injection, follow-up with internal medicine and pain medicine along with medications. He presents on 04/22/2015 with complaints of neck, back, bilateral shoulder, right hip, right knee and right foot pain. Light touch sensation was intact to right lateral shoulder, right thumb tip, right long tip and right small tip. According to progress note dated 03/15/2015 he noted the same areas of pain. He also noted cramping of hands and legs for past 2 weeks. The treatment plan included a request for follow up consultation with sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Consultation with Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7:

Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), Polysomnography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Documentation provided by requesting provider is very poor. They are composed of hand written progress notes. Many of the notes are not legible due to poor handwriting and poor scan images. There is check off box noting request for sleep study but there no rationale for why sleep study or a sleep specialist was needed. Provider has failed to document anything concerning sleep disturbance. Poor documentation does not support request for consultation for a sleep study. The request is not medically necessary.