

Case Number:	CM15-0102282		
Date Assigned:	06/04/2015	Date of Injury:	10/30/2012
Decision Date:	07/09/2015	UR Denial Date:	05/20/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric
 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 31 year old, male who sustained a work related injury on 10/30/12. He was a propane truck driver and there was a spill that hit him and ignited. He was burned on 53% of his body, mostly upper chest and arms. The diagnoses have included full thickness burns to 53% of his body and daytime sleepiness due to possible central apnea or obstructive sleep apnea or a combination of both. Treatments have included no treatments noted. In the Worker's Comp Progress Note dated 5/6/15, the injured worker complains of significant daytime sleepiness. His wife states he has significant snoring which he did not have prior to the injury, that he frequently wakes up suddenly with difficulty breathing. He has been on large amounts of opiates for over two years. He wakes up three or more times each night. He has racing thoughts before falling asleep and during sleep. He suffers from depression, anxiety and pain. His wife has observed him to stop breathing during sleep and also gasping for breath upon waking up. He reports heartburn, headaches and a dry mouth when he wakes up. He complains about being moderately tired during the day. His Epworth Sleepiness Scale score is 9. The treatment plan includes a request for a Polysomnogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness and stress chapter, polysomnography.

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

Decision rationale: This injured worker has a history of sleep difficulties including nocturnal wakening, daytime somnolence and chronic pain. 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 daytime 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 records do not support the medical necessity for polysomnography. Therefore, this request is not medically necessary.