

Case Number:	CM15-0148320		
Date Assigned:	08/11/2015	Date of Injury:	10/30/2012
Decision Date:	09/14/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 32 year old male, who sustained an industrial injury on October 30, 2012. The injured worker reported sustaining burns over 53% of his body to the upper chest and arms along with lumbar strain that occurred from a propane spill that ignited. The injured worker was diagnosed as having full-thickness burns to 53% of his body, daytime sleepiness and parasomnia secondary to possible central apnea or obstructive sleep apnea, and restricted range of motion to the left elbow secondary to scar contractures. Treatment and diagnostic studies to date has included treatment with a therapist, laser treatments to unhealed areas, pulmonary evaluation and treatment, medication regimen, and use of a cane. In a progress note dated July 03, 2015 the treating physician reports complaints of continued, constant, achy pain to the lower back and legs. Examination reveals that the injured worker was sleeping in physician examination room upon the physician entering the room. The treating physician requested a consultation with sleep specialist with the treating physician noting that the injured worker has had an increase in daytime sleepiness since injury and would need an evaluation by a sleep specialist neurologist for clearance of the daytime sleepiness before returning to work. The treating physician also noted that the treating pulmonologist was concerned that the injured worker had pulmonary burns requiring further studies that may be contributing to the injured worker's sleepiness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with sleep specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)-Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical presentation and diagnosis of obstructive sleep apnea in adults by Lewis Kline, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for the sequelae of injuries on 10/30/2012 when he suffered burns of 53% of his body while at work. He receives treatment for gait disturbance and chronic low back pain with radiation to the legs. The patient's spouse reports nocturnal snoring, nighttime awakenings, and witnessed bouts of apnea. The patient exhibits daytime drowsiness. In fact, the documentation shows that the patient was asleep during a medical consultation. The Epworth score was 9. A Berlin questionnaire was not documented. This review addresses a request for a referral to a sleep specialist. The treating physician is concerned about possible damage to the lungs and to know if the patient would benefit from treatment for obstructive sleep apnea (OSA). The patient does exhibit a number of symptoms associated with OSA. He has symptoms suggestive of narcolepsy. A Berlin questionnaire is valuable tool to help predict which patients are the likeliest to have OSA. The referral for a sleep study and sleep specialist consultation is medically indicated. Therefore, the request is medically necessary.