

Case Number:	CM15-0161768		
Date Assigned:	08/27/2015	Date of Injury:	09/01/2011
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

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 39 year old male, who sustained an industrial injury on September 1, 2011. He reported low back pain. Treatment to date has included x-rays, MRI, electrodiagnostic studies, medication, physical therapy, pain management and home exercise program. Currently, the injured worker complains of low back pain with left leg numbness and tingling. He also reports sleep disturbance, emotional stress, depression, anxiety and stomach-intestinal problems. The injured worker is currently diagnosed with lumbar intervertebral disc displacement without myelopathy and lumbar radiculopathy. His work status is temporary total disability. A progress note dated April 3, 20015, states the injured worker experiences pain relief from 5 on 10 to 3 on 10 from his medication. The therapeutic response to physical therapy and home exercise was not included in the documentation. A sleep study is requested to assist with diagnosis of sleep disturbance.

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, Pain, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sleep study.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that sleep studies are indicated in the evaluation of sleep disorders such as sleep apnea. The patient has a documented unspecified sleep disturbance but no other more specific details on what type, exact symptoms and course of action failed. Therefore the request is not medically necessary.