

Case Number:	CM15-0165050		
Date Assigned:	09/02/2015	Date of Injury:	02/03/2012
Decision Date:	10/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/23/2015

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 41-year-old female who sustained an industrial injury on 2-3-12. Her initial complaints and the nature of the injury are unavailable for review. The injured worker's diagnoses include chondromalacia patella - right knee, lumbosacral sprain and strain, and radiculopathy L2. The 6-8-15 orthopedic progress report indicates that she complained of increasing pain in her knee and low back, as well as "increasing difficulty sleeping". The provider documentation states that she was having "difficulty with her pain and ability to manage the pain". She requested a psychiatric consultation due to "worsening feelings of depression". The treatment plan included requests for authorization of a sleep study, as well as a psychiatric consultation. The 7-20-15 orthopedic progress report indicates that she continued to have the same complaints. The report states that a "second request for authorization for sleep studies was submitted" and that no response had been received for that request. It states that she was having "increasing difficulty with her pain and ability to manage the pain" and that "she requires further work-up to determine the best course of treatment". The treatment plan was to request authorization for "sleep studies".

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Studies: 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), Pain Chapter, 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 apnea. The documentation remarks on sleep difficulties but no other physical findings or description of the problem or treatments prescribed or failed. Therefore, the request is not medically necessary.