

Case Number:	CM15-0166101		
Date Assigned:	09/03/2015	Date of Injury:	12/23/2012
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on December 23, 2012. She reported an injury to her low back. Treatment to date has included acupuncture therapy, work restrictions, medications, NSAIDS, anti-depressant medications and diagnostic imaging. Currently, the injured worker complains of pain in her neck, back, shoulder and of headaches. On physical examination the injured worker has tenderness to palpation and tightness of the neck and back with restricted range of motion. She has positive shoulder impingement and her flexion and abduction remain at 90 degrees with pain in her back. The diagnoses associated with the request include chronic cervical and lumbar strain, and shoulder impingement. The treatment plan includes sleep study.

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, Online Version, Criteria for Polysomnography.

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

Decision rationale: The ODG states polysomnograms are recommended for the combination of indications listed below: 1. Excessive daytime somnolence; 2. Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); 3. Morning headache (other causes have been ruled out); 4. Intellectual deterioration (sudden, without suspicion of organic dementia); 5. Personality change (not secondary to medication, cerebral mass or known psychiatric problems); and 6. Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case the patient suffers from insomnia and chronic pain. The documentation doesn't support that the criteria are met for a sleep study. There is no documented deterioration of intellect, personality changes or cataplexy. The request is not medically necessary.