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| Case Number: | CM15-0166210 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 02/28/2014 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/17/2015 |
| 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:

This 26 year old man sustained an industrial injury on 2-28-2014. The mechanism of injury is not detailed. Diagnoses include headaches with rapid neck movement, cervical spine strain, and head trauma. Treatment has included oral medications. Physician notes on a PR-2 dated 8-5-2015 show complaints of headaches rated 7 out of 10. Recommendations include Naproxen, possible sleep study, cervical spine MRI, and light exercise.

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 (ODG), Mental Illness & Stress (updated 03/25/15) Online Version.

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 chronic pain and insomnia. The documentation doesn't support that the patient meets criteria for a sleep study.