

Case Number:	CM15-0183361		
Date Assigned:	09/24/2015	Date of Injury:	06/24/2008
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 40 year old female, who sustained an industrial-work injury on 6-24-08. She reported initial complaints of headache, neck, left hip, and back pain. The injured worker was diagnosed as having head injury, no otherwise specified, closed head injury with concussion, post- concussion syndrome with cognitive and mood impairment, bilateral temporomandibular joint syndrome, history of left sciatica, prior foot drop, cervical strain with disc disease, seizure disorder, gastrointestinal distress, chest pain, chronic fibromyalgia, and sleep disorder following closed head trauma. Treatment to date has included medication, icing, stretching, chiropractic care, diagnostics, injections, surgery to cervical and lumbar spine. Currently, the injured worker complains of continued significant disturbed sleep with lapses of attention and headaches that would follow. There was continued head, neck, back, and left hip pain down the leg is rated 5 out of 10 on average. Current medications include Bupropion, Relafen, Zanaflex, and Lorazepam. Per the primary physician's progress report (PR-2) on 7-27-15, exam notes normal strength, sensation, and reflexes in the upper and lower extremities. Cranial nerves were grossly intact. She was alert and oriented. She is tearful at times and walks slowly. Neck and low back has decreased and painful range of motion. Current plan of care includes therapy with home exercise program. The Request for Authorization requested service to include Retrospective Formal Sleep Study DOS: 8/17/2015 and Retrospective Sleep Therapy DOS: 8/17/2015. The Utilization Review on 9-16-15 denied the request due to lack of documentation of symptoms to prompt for the study, per ODG (Official Disability Guidelines), Pain, Polysomnography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Formal Sleep Study DOS: 8/17/2015: 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 (updated 9/8/2015) Online Version, Polysomnography, <http://www.ncbi.nlm.nih.gov/pubmed/18844819>.

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

Decision rationale: The injured worker complains of continued significant disturbed sleep with lapses of attention and headaches that would follow. Per the primary physician's progress report (PR-2) on 7-27-15, exam notes normal strength, sensation, and reflexes in the upper and lower extremities. Cranial nerves were grossly intact. She was alert and oriented. She is tearful at times and walks slowly. Neck and low back has decreased and painful range of motion. There is no documentation of symptoms to suggest parasomnia. There are no reported symptoms of narcolepsy. In the absence of such findings and no documentation of at least 6 months failure of sleep hygiene program, the request is not medically necessary.

Retrospective Sleep Therapy DOS: 8/17/2015: 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 (updated 9/8/2015) Online Version, Polysomnography, <http://www.ncbi.nlm.nih.gov/pubmed/18844819>.

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

Decision rationale: The injured worker complains of continued significant disturbed sleep with lapses of attention and headaches that would follow. Per the primary physician's progress report (PR-2) on 7-27-15, exam notes normal strength, sensation, and reflexes in the upper and lower extremities. Cranial nerves were grossly intact. She was alert and oriented. She is tearful at times and walks slowly. Neck and low back has decreased and painful range of motion. There is no documentation of symptoms to suggest parasomnia. There are no reported symptoms of narcolepsy. In the absence of such findings and no documentation of at least 6 months failure of self directed sleep hygiene program, the request is not medically necessary.