

Case Number:	CM15-0184671		
Date Assigned:	09/25/2015	Date of Injury:	02/27/2014
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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 22 year old, male who sustained a work related injury on 2-27-14. The diagnoses have included cerebral contusion-concussion, post-traumatic cephalgia, cognitive problems, emotional distress and sleep impairment. He is being treated for headaches and upper neck stiffness and pain. Treatments have included medications. Current medications include Flexeril and Naproxen. In the progress notes dated 8-19-15, the injured worker reports generalized headaches and upper neck pain and stiffness. He has frequent episodes of positional vertigo. He reports difficulty with memory and "ability to think." He has "fragmented" sleep with shortness of breath. He has insomnia. He has "difficulty sleeping." On physical exam, he has "decreased attention span." The treatment plan includes a request for a polysomnogram and sleep consultation with a specialist. In the Utilization Review, dated 9-9-15, the requested treatment of a sleep consultation-sleep study evaluation and treatment is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Consultation/Sleep Study Eval and Treat: 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).

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 sleep studies are indicated in patients with 6-month history of insomnia with unresponsiveness to behavioral and pharmaceutical intervention. This patient has documented insomnia and sleep difficulties but no documentation of interventions that have been attempted and their objective outcomes. Therefore, the request is not medically necessary.