

Case Number:	CM15-0187973		
Date Assigned:	09/29/2015	Date of Injury:	03/04/2011
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 55 year old male with a date of injury of March 4, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for atrial fibrillation, dyslipidemia, and suspected sleep apnea. Medical records dated June 26, 2015 indicate that the injured worker complains of a few palpitation episodes lasting a few minutes each following an ablation on June 9, 2015, but doing well since. Records also indicate that the injured worker had resumed high-intensity exercises. A progress note dated August 24, 2015 notes that the injured worker's wife reported that the injured worker would "Snore heavily and stops breathing sometimes when sleeping". The physical exam dated June 26, 2015 reveals no abnormal cardiac, vascular, or respiratory findings. The progress note dated August 24, 2015 documented a physical examination that showed no changes since the examination conducted on June 26, 2015. Treatment has included medications and a cardiac ablation. The original utilization review August 26, 2015 non-certified a request for a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 sleep study: Overturned

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 (Chronic) - Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Polysomnography.

Decision rationale: The records indicate the patient is being seen for persistent atrial fibrillation S/P prior DC cardioversion 2012. The current request for consideration is 1 sleep study. The attending physician report dated 8/24/15, page (291b), indicates the attending physician believes that sleep apnea is a risk factor for atrial fibrillation and needs to be excluded with a sleep study. The ODG states that a sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The criteria for polysomnography include: 1. excessive daytime somnolence 2. Cataplexy 3. morning headache 4. intellectual deterioration 5. personality change 6. sleep related breathing disorder suspected 7. insomnia complaint for at least 6 months. In this case, the attending physician notes that the patient's wife reportedly notices that the patient "snore heavy and stops breathing sometimes when sleeping." This history as related by the patient's wife makes the attending physician believe the patient is suffering from sleep apnea which is a risk factor for atrial fibrillation and that it should be ruled out. The medical records do meet the criteria for polysomnography. As such, the request for a sleep study is medically necessary as a sleep related breathing disorder is suspected.