

Case Number:	CM15-0197833		
Date Assigned:	10/13/2015	Date of Injury:	05/20/1980
Decision Date:	11/20/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York
 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 57 year old male, who sustained an industrial injury on 5-20-1980. The injured worker is undergoing treatment for: neck and lumbar pain, lumbar degenerative disc disease and central stenosis. On 9-14-15, he is reported to have a pain rating of 7 out of 10 for his back pain with radiation into the bilateral legs. The provider noted "he has been having falls due to severe foot drop bilaterally and substantial lower extremity weakness with multiple falls recurrently from attempts at ambulation with sever muscle atrophy of the bilateral calves, and partially quads". On 10-6-15, he reported back pain with radiation into the bilateral legs and associated weakness in the legs. He rated his pain 6 out of 10 and described it as aching, burning and mild. He also reported bilateral knee pain described as aching and mild. He is noted to attain substantial benefit from medications with no aberrant behaviors reported. Physical examination revealed blood pressure 138 over 88, height 6 foot, weight 217 pounds, positive straight leg raise testing on the left, muscle atrophy of the bilateral calves, loss of sensation in distal legs and left foot drop with ambulation. The provider noted the injured worker needed an urgent surgical evaluation, home health evaluation to mitigate potential for worsening recurrent falls and a sleep study prior to surgical clearance. The treatment and diagnostic testing to date has included: urine drug screen (3-30-15), medications, magnetic resonance imaging of the cervical spine (10-5-15), magnetic resonance imaging of the lumbar spine (10-5-15). Medications have included: Dilaudid, OxyContin, Cymbalta, invokamet, Levaquin, Lisinopril, metformin. Current work status: unclear. The request for authorization is for: one sleep study. The UR dated 10-3-2015: non-certified the request for one 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: 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 Medscape Internal Medicine 2014- Sleep Study.

Decision rationale: Nocturnal, laboratory-based polysomnography (PSG) is the most commonly used test in the diagnosis of obstructive sleep apnea syndrome (OSAS). It is often considered the criterion standard for diagnosing OSAS, determining the severity of the disease, and evaluating various other sleep disorders that can exist with or without OSAS. PSG consists of a simultaneous recording of multiple physiologic parameters related to sleep and wakefulness. In this case, there is no indication of any specific sleep disorder. There is no specific indication for the requested sleep study. Medical necessity for the requested study is not established. The requested study is not medically necessary.