

Case Number:	CM15-0200947		
Date Assigned:	11/06/2015	Date of Injury:	10/02/2010
Decision Date:	12/24/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/13/2015

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, 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 58 year old, male who sustained a work related injury on 10-2-10. A review of the medical records shows he is being treated for elevated blood sugar, sleep disorder, left abdominal pain and acid reflux. In the progress notes dated 6-11-15 and 7-13-15, the injured worker reports his acid reflux is less. He reports left lower quadrant abdominal pain. He reports no change in his sleep quality. He reports about 3 hours of sleep. On physical exam dated 7-13-15, his blood sugar is 117 mg-dl (non-fasting). He weighs 190 pounds. He has +2 epigastric and left lower quadrant tenderness. Treatments have included medications. Current medications include Dexilant, Gaviscon, Probiotics, Bentyl, and Helidac. No notation on working status. The treatment plan includes requests for a polysomnography sleep test, for medications and diabetic supplies. The Request for Authorization dated 7-13-15 has requests for medications and supplies, for interpreter-translation services and for a polysomnogram with CPAP titration with multiple latency test. In the Utilization Review dated 10-3-15, the requested treatment of a polysomnogram with CPAP titration with multiple sleep latency test is not medically necessary. The requested treatment for a Helidac and diabetic supplies has been modified to the Helidac only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram with CPAP titration with multiple sleep latency test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for polysomnography.

Decision rationale: The request is for a polysomnogram with CPAP titration with multiple sleep latency test. CA MTUS does not address this condition, so ODG was consulted. Polysomnography is indicated after 6 months of insomnia, unresponsiveness to behavioral intervention and sedative/sleep promoting medications and psychological evaluation to rule out a mental health condition causing sleep disorder. In this case, the claimant does not meet criteria for a sleep study. There is no documentation of daytime somnolence, morning headache or change in personality. There is no discussion of sleep medication trials or comorbidities such as depression. There is no discussion of proper sleep hygiene. While the physician has diagnosed obstructive sleep apnea, there are no physical exam findings recorded to support this diagnosis. Therefore based on the above lack of documentation, the request is not medically necessary or appropriate.

Helidac (14 days) and HBT diabetic test, strips/lancets/swabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1,2 and Gestational) Glucose monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FD guidelines.

Decision rationale: MTUS/ACOEM/ODG do not address the request for Helicac and hydrogen breath test (HBT). HBT is used to diagnose lactose intolerance or bacterial overgrowth growth issues. The patient does not have these disorders or documented symptoms suspicious of these disorders. There is no rationale provided for this test. Helidac is a combination therapy of tetracycline, metronidazole and bismuth subsalicylate use to treat H. pylori infection. There is no documentation in the records submitted that the patient has been diagnosed with H. pylori. Therefore the treatment is not medically necessary or appropriate. The request for diabetic supplies (strips, lancets & swabs) is not medically necessary. The patient is not diabetic. A recent non-fasting blood glucose reading was 117, which is not indicative of diabetes. There is no hemoglobin A1C level provided. The patient should be monitored on a period basis, however home testing on a daily or weekly basis is not medically necessary.