

Case Number:	CM15-0211204		
Date Assigned:	10/30/2015	Date of Injury:	09/01/2011
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40 year old male, who sustained an industrial-work injury on 9-1-11. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included pain medication Diclofenac and transdermal creams physical therapy with benefit, consultation, diagnostics, shockwave therapy which worsened the pain, heat, home exercise program (HEP) and other modalities. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 7-9-15 of the bilateral lower extremities (BLE) reveals evidence of mild acute L5 radiculopathy on the left. Medical records dated (4-3-15 to 9-25-15) indicate that the injured worker complains of continued low back pain that comes and goes with radicular pain to the left lower extremity (LLE). The medical records indicate that the injured worker has problems with sleeping. The physical exam dated 9-25-15 reveals full range of motion of the lumbar spine with pain and difficulty with forward flexion. There is positive facet loading maneuver. The requested service included Sleep Study Consult. The original Utilization review dated 9-28-15 non- certified the request for Sleep Study Consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Consult: 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, Polysomnography.

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

Decision rationale: MTUS is silent regarding sleep apnea studies. ODG states "Polysomnograms/sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The medical documentation provided does not meet the above guidelines. The treating physician has not provided documentation of the symptoms listed above or unresponsiveness to medications. As such, the request for sleep study consult is not medically necessary at this time.