

Case Number:	CM15-0213566		
Date Assigned:	11/03/2015	Date of Injury:	09/27/2011
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 46 year old male, who sustained an industrial injury on 9-27-2011. A review of the medical records indicates that the injured worker is undergoing treatment for intervertebral disc degeneration of the lumbosacral area, lumbosacral region radiculopathy, sleep disorder, and long-term use of opiate analgesics. On 10-2-2015, the injured worker reported ongoing low back pain with sensation of worsening acid reflux and fatigue related to sleep disturbance. The Treating Physician's report dated 10-2-2015, noted the injured worker had been unable to complete the second part of the sleep study, and was on hold. The injured worker's current medications were noted to include hydromorphone, ibuprofen, Prozac, and ranitidine. The injured worker was noted to be taking mirtazapine as needed at night, which was noted to be helpful for sleep with the injured worker noted to sometimes use Skelaxin instead. Prior treatments have included H-wave (noted to be helpful in alleviating pain), physical therapy, and exercise. The treatment plan was noted to include consultation for a functional restoration program, a urine drug screen (UDS), hydrotherapy, weight management, and medication refills. The Request for Authorization dated 10-7-2015, requested a sleep study. The Utilization Review (UR) dated 10-14-2015, non-certified the 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:

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 Official Disability Guidelines (ODG) Pain (Chronic), Polysomnography.

Decision rationale: The CA MTUS guidelines do not specifically address sleep study (polysomnography), but ODG has specific criteria that include excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change and insomnia for at least six months duration. In particular, the symptoms must be unresponsive to behavioral intervention, not due to sedative medications, and no psychiatric causation. According to treating provider notes through 10-2-2015, the injured worker has had sleep impairment and the first phase of an in-home sleep study; however, the length of his sleep impairment and specific criteria were not available. Based on the clinical information reviewed, the request for sleep study is not medically necessary and appropriate.