

Case Number:	CM15-0034502		
Date Assigned:	03/02/2015	Date of Injury:	06/10/2013
Decision Date:	04/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California
 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 47-year-old female, who sustained an industrial injury on June 10, 2013. The mechanism of injury is unknown. The diagnoses have included lumbar spine strain/sprain, herniated lumbar disc at L5-S1, spondylolisthesis at L5-S1 with L4-5 radiculopathy and left knee sprain/strain. Treatment to date has included epidural steroid injection, diagnostic studies, physical therapy and medications. On December 20, 2014, the injured worker complained of continued low back pain radiating down to the left lower extremity. Physical examination of the lumbar spine revealed flexion 50 degrees, extension 20 degrees and bending 30 degrees to the right and left. Straight leg raise test was positive. She stated that physical therapy was helping. On February 16, 2015, Utilization Review non-certified a sleep study and supervised weight loss program, noting non-MTUS guidelines and Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for Independent Medical Review for review of sleep study and supervised weight loss program.

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), Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter and sleep study and pg 114.

Decision rationale: According to the ODG guidelines, 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. Criteria for a sleep study include: 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. In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. The request for a sleep study is not medically necessary.

Supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. There is no indication of failure or regaining of weight after prior attempts to lose weight. Therefore the request for a weight management program is not medically necessary.