

Case Number:	CM15-0034740		
Date Assigned:	03/03/2015	Date of Injury:	06/22/2008
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained an industrial injury on 6/22/2008. The current diagnoses are lumbar spine musculoligamentous sprain/strain, bilateral lower extremity radiculitis, and multilevel disc protrusions. Currently, the injured worker complains of worsening low back pain. The pain is described as frequent, dull, sharp, ache with moderate intensity. The pain is rated 6-8/10 on a subjective pain scale. Current medications are Norco, Anaprox, and Prilosec. Additionally, she reports difficulty sleeping. The physical examination of the lumbar spine reveals tenderness to palpation with slight spasm and muscle guarding over the paraspinal musculature. Straight leg raise is positive bilaterally. Range of motion is restricted. There is decreased sensation in the bilateral L4 and L4 dermatomes. The treating physician is requesting consultation for sleep disorder, which is now under review. On 2/9/2015, Utilization Review had non-certified a request for consultation for sleep disorder. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for sleep disorder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127.

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

Decision rationale: The official disability guidelines indicates that the criteria for a polysomnogram includes complaints of insomnia for at least six months which has been unresponsive to behavioral intervention as well as sedative/sleep promoting medications and that a psychiatric etiology has been excluded. The attach medical record does not include complaints of insomnia or difficulty sleeping or other sleep associated issues such as daytime somnolence, cataplexy, morning headaches, intellectual deterioration, or personality change. This request for a consultation for sleep disorder is not medically necessary.