

Case Number:	CM15-0050521		
Date Assigned:	03/24/2015	Date of Injury:	04/19/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 37 year old male, who sustained an industrial injury on 4/19/13. He reported initial complaints of back pain after falling off a ladder. The injured worker was diagnosed as having complete rupture of the rotator cuff; thoracic spondylosis without myelopathy; unspecified disorders of bursae and tendons of shoulder region; pain in shoulder joint; lumbosacral spondylosis without myelopathy; disorders of the coccyx. Treatment included acupuncture back brace; physical therapy; home exercise program; greater occipital nerve block and trigger point injections, both with benefit (1/26/15); MRI thoracic and lumbar spine (6/26/13); EMG/NCV lower extremity (2/10/15); drug toxicology screening; medications. Currently, PR-2 dated 2/10/15, the injured worker complains of neck and low back pain radiating to the buttocks and right leg. The injured worker completed a "Sleep Questionnaire" and the provider indicates a high score for probability of sleep apnea concerns and ordered a Home sleep apnea test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home sleep apnea 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 (ODG), Polysomnograms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysomnography and Medscape: Obstructive Sleep Apnea <http://emedicine.medscape.com/article/295807-overview#aw2aab6b2b3aa>.

Decision rationale: The injured worker sustained a work related injury on 4/19/13. The medical records provided indicate the diagnosis of complete rupture of the rotator cuff; thoracic spondylosis without myelopathy; unspecified disorders of bursae and tendons of shoulder region; pain in shoulder joint; lumbosacral spondylosis without myelopathy; disorders of the coccyx. Treatment included acupuncture back brace; physical therapy; home exercise program; greater occipital nerve block and trigger point injections, medications. The MTUS is silent but the Official Disability Guidelines criteria for Polysomnography include: 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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; (7) 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; (8) Unattended (unsupervised) home sleep studies for adult patients are appropriate with a home sleep study device with a minimum of 4 recording channels (including oxygen saturation, respiratory movement, airflow, and EKG or heart rate). The medical records provided for review do not indicate a medical necessity for Home sleep apnea test. Sleep Disorder is generally considered as not work related except if it can be proven that the injury or work is responsible for such features as body mass increase, increase in neck circumference, following the injury or as a result of the work. The diagnosis does not include Sleep Disorder, although the history indicated this. The records reviewed did not provide a documentation of the injured worker's body mass index before and after the injury, neither did it provide and information about sleep questionnaire and neck circumference before the injury. Therefore, this request is not medically necessary.