

Case Number:	CM15-0051347		
Date Assigned:	03/24/2015	Date of Injury:	07/08/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: New York

Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on July 8, 2013. She reported bilateral ankle pain, knee and shoulder pain, neck pain, severe back pain and sleep disruptions. The injured worker was diagnosed as having sleep disturbances secondary to pain and chronic unchanged pain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, ice and heat applications, a wheeled walker and cane for ambulation, medications and activity adjustments. Currently, the injured worker complains of bilateral ankle pain, knee and shoulder pain, neck pain, severe back pain and sleep disruptions. The injured worker reported an industrial injury in July 8, 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she tripped over a rug at work and required treatment of the ankle. She then reported several injuries including hand pain secondary to typing and a broken finger secondary to falling from the wheel chair. She injured the opposite ankle as well at that time and wore a walking boot. She was noted to be treated with physical therapy for many of the injuries. She ambulated with a cane for short distances and reported secondary neck and back pain. She reported poor sleep nightly secondary to chronic pain in multiple body parts. Evaluation on February 24, 2015, revealed continued pain and sleep disturbances. A sleep consultation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for independent medical examinations and consultations regarding referrals, chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested consultation by a sleep specialist. There is no documentation indicating the claimant's provider has tried standard therapies for the treatment of sleep difficulties. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Diagnostic 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), Mental Illness and Stress chapter: Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Sleep study.

Decision rationale: There is no documentation provided indicating the claimant requires a sleep study per ODG guidelines. There is no history of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic leg movement disorder suspected or insomnia lasting for at least six months unresponsive to behavior intervention and sedative/sleep-promoting medication and psychiatric etiology has been excluded. There is documentation the claimant has stress and difficulty sleeping but there is no evidence that the claimant has obstructive sleep apnea symptoms such as apnea spells, excessive snoring, and excessive daytime fatigue. Medical necessity for the requested item has not been established. The requested item is not medically necessary.