

Case Number:	CM15-0052159		
Date Assigned:	03/25/2015	Date of Injury:	08/01/2005
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 8/01/2005. She reported a back injury while working as a receptionist. The injured worker was diagnosed as having chronic regional pain syndrome and myofascial pain. Treatment to date has included diagnostics, psychology, and medications. Several documents within the submitted medical records are difficult to decipher. Currently (2/24/2015), the injured worker complains that she can't sleep. The treatment plan included a polysomnography sleep study and medications. The previous PR2, dated 2/12/2015, did not note any sleep problems. The psychological examination progress report, dated 12/22/2014, noted symptoms of anxiety and depression and reported having sleep problems every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guidelines clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Polysomnography.

Decision rationale: This 50 year old female has complained of back pain since date of injury 8/1/05. She has been treated with physical therapy and medications. The current request is for polysomnography sleep study. Per the ODG guidelines cited above, a sleep study is recommended only after six months of complaint of insomnia with symptoms being present for greater than or equal to 4 nights per week, that is unresponsive to behavioral interventions and sleep promoting medications and exclusion of psychiatric conditions. There is no such documentation of symptoms or evaluation present in the available medical records. On the basis of the ODG guidelines and medical documentation available, polysomnography sleep study is not indicated as medically necessary in this patient.