

Case Number:	CM13-0031938		
Date Assigned:	12/04/2013	Date of Injury:	09/19/2000
Decision Date:	03/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year-old female who was injured on 9/19/2000 when she was lifting something at work. According to the 8/14/13 report from [REDACTED] her diagnoses are: axial back pain; piriformis syndrome; myofascial pain syndrome; osteoarthritis; injured induced insomnia; obstructive sleep apnea; injured-induced weight gain. [REDACTED] reports the patient complains of symptoms associated with obstructive sleep apnea including snoring, gasping for air in the middle of the night and daytime somnolence.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 sleep study for symptoms related to the lumbar spine injury, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group, Ltd.: London, England; www.clinicalevidence.com.

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

Decision rationale: The initial evaluation by [REDACTED] appears to be on 8/14/13. The patient presented with chronic back pain and new symptoms of sleep apnea. The 8/14/13 report includes an extensive record review back through 9/20/2000, but the first mention of sleep problems is on

the 8/14/13 report. MTUS and ACOEM are silent on sleep studies, but ODG guidelines state "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." From the available records, it does not appear that the problems with insomnia have been present for 6-months. There is no discussion on whether it was present for 4-nights/week, or discussion on behavioral intervention or sleep promoting medications, and psychiatric etiology has not been excluded. The request for the sleep study is not in accordance with ODG guidelines.