

Case Number:	CM14-0120558		
Date Assigned:	08/06/2014	Date of Injury:	05/05/2011
Decision Date:	10/06/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 57-year-old male with a 5/5/11 date of injury. The mechanism of injury occurred when he was going down a ladder, his right leg slipped and went inside the rung of the ladder, causing him to fall backward about 4-5 feet to the ground. According to a progress report dated 7/2/14, the patient continued to have chronic pain in the neck, mid-back, and lower back with pain extending into the shoulders and legs. The patient indicated the pain was 6 to 7 on a scale of 10. A 6/26/14 qualified medical examination noted that the patient complained of sleep problems and was only able to sleep 4-5 hours a night. He stated that he was unable to fall asleep due to his pain and that he snored a lot. He has been taking pills to help him sleep. The provider documented that although he stated he "snored badly", his Epworth Sleepiness Scale was zero. Objective findings: decreased ROM of right knee with positive crepitus, positive thoracic tenderness without paraspinal muscle spasming, decreased ROM of lumbar spine, lumbar tenderness and paraspinal muscle spasming. Diagnostic impression: thoracic sprain, lumbar disc herniation, lumbar neuritis, chronic right knee pain status post total knee replacement. Treatment to date: medication management, activity modification, status post total knee replacement, physical therapy. A UR decision dated 7/22/14 denied the request for sleep study. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & 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. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. It is noted that the patient's Epworth Sleepiness Scale was zero. In addition, there is no documentation that the provider has addressed proper sleep hygiene with the patient. Furthermore, there is no discussion regarding medications the patient has tried and/or failed to promote sleep. It is noted that the patient takes sleeping pills, however the exact medication was not noted. A specific rationale identifying why a sleep study would be required in this patient despite lack of guideline support was not provided. Therefore, the request for sleep study is not medically necessary.