MAXIMUS Federal Services

Case Number:	CM14-0136627		
Date Assigned:	09/03/2014	Date of Injury:	03/14/2013
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 44 year-old female was reportedly injured on 3/14/2013. The mechanism of injury is noted as lifting bulky heavy items. The previous utilization review references a progress note dated 7/21/2014; however, that progress note is not available for this independent medical review. The reviewer indicates that the progress note documented complaints of impaired sleep. The injured worker denied snoring and nocturnal gasping also stated she wakes up due to the low back and left lower extremity pain. Objectively, she had Mallampati grade IV, redundant pharyngeal and tonsillar tissue, high tongue base, small uvula, scalping tongue, and evidence of bruxism. Diagnosis included possible sleep disordered breathing and the provider requested a full sleep study. MRI of the lumbar spine dated 3/13/2014 demonstrated disk desiccation, endplate irregularity, fatty marrow changes and endplate marrow edema at L5-S1 with a 6-7 mm posterior disk bulge, minimal canal narrowing, bilateral neural foraminal narrowing with partial impingement of exiting right L5. Previous treatment for the lumbar spine included epidural steroid injections, physical therapy and medications. A request had been made for a Polysomnogram (PSG), which was not certified in the utilization review on 7/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomonogram (PSG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Polysomnography (updated 10/06/14).

Decision rationale: MTUS/ACOEM guidelines fails to address polysomnography (sleep studies). ODG guidelines support polysomnography for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder, and insomnia for 6 months that is unresponsive to behavioral intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. After review of the available medical records, the claimant does not meet the criteria due to lack of supporting clinical documentation. As such, this request is not considered medically necessary.