

Case Number:	CM14-0166488		
Date Assigned:	10/14/2014	Date of Injury:	05/28/2014
Decision Date:	12/09/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 51 years old female with an injury date on 05/28/2014. Based on the 08/01/2014 progress report provided by [REDACTED], the diagnoses are post-concussion syndrome; headache, tension; cervical disc herniation without myelopathy; thoracic sprain/strain; lumbar sprain/strain; left radiohumeral sprain/strain; left hip sprain/strain; Anxiety; and sleep disorder. According to this report, the patient complains of pain in the cervical, thoracic, and lumbar spine that is frequent moderate and aching. The patient also complains of occasional slight pain in the left elbow, wrist, and hand, intermittent moderate pain of the left hip and constant moderate to severe headaches. Physical exam reveals spasm and tenderness to the bilateral cervical/thoracic/lumbar paraspinal muscles, bilateral suboccipital muscles, bilateral upper shoulder muscles, and multifidus muscles. Cervical and lumbar range of motion is restricted with pain. Cervical axial compression test, distraction test, shoulder depression test, Kemp's test, and Yeoman's test were positive. There were no other significant findings noted on this report. The utilization review denied the request on 09/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/28/2014 to 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Pain Chapter, Polysomnography

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, Polysomnography

Decision rationale: The provider is requesting diagnostic sleep study. The MTUS and ACOEM Guidelines do not address sleep study; therefore, Official Disability Guidelines are used. Official Disability Guidelines states "sleep studies are recommended when there indications of (1) Excessive daytime somnolence; (2) Cataplexy; (3) Morning headache; (4) Intellectual deterioration; (5) Personality change; & (6) Insomnia complaint for at least six months." Review of reports show that "The patient filled out the Epworth Sleepiness Scale and scored 4 out of a possible 24. A score of 8 and above considered a positive score and may indicate the need for further study." In this case there is no documentation of the patient has insomnia for at least 6 months, excessive daytime somnolence, cataplexy, morning HA's, intellectual deterioration or personality changes. Therefore, this request is not medically necessary.