

Case Number:	CM14-0183137		
Date Assigned:	11/10/2014	Date of Injury:	10/17/2012
Decision Date:	12/17/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The patient is a 66-year-old male who has submitted a claim for obstructive sleep apnea associated with an industrial injury date of 10/17/2012. Medical records from 8/27/2014 up to 10/22/2014 were reviewed showing that as per utilization review, the patient complains of impaired sleep averaging 5-6 hours a night according to progress reports dated 10/7/2014. He has difficulty initiating sleep patterns. He denied snoring and nocturnal gasping episodes however he has no bed partner to accurately gauge his symptoms. A polysomnography dated 6 years or older diagnosed the patient with probable obstructive sleep apnea and sleep maintenance insomnia. The patient weighs 250 pounds. Treatment to date has included cyclobenzaprine, Diclofenac, and tramadol. The utilization review from 10/22/2014 denied the request for Polysomnogram (PSG). The sleep complaints are not related to the injury of 2012 and are not medically necessary to treat the back pain sustained in work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram (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

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 CA MTUS does not specifically address the request for polysomnogram. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography is 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. In this case, the patient complains of difficulty initiating sleep patterns since 10/7/2014. He denied snoring and nocturnal gasping episodes however he has no bed partner to accurately gauge his symptoms. A polysomnography dated 6 years or older diagnosed the patient with probable obstructive sleep apnea and sleep maintenance insomnia. The patient weighs 250 pounds. However, the patient has not tried behavior intervention and sedative/sleep promoting medications first. In addition, 6 months has not passed since the onset of his recent sleep complaints. Therefore the request for a Polysomnogram (PSG) is not medically necessary.