

Case Number:	CM14-0087339		
Date Assigned:	07/23/2014	Date of Injury:	05/09/2007
Decision Date:	10/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 & 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 52-year-old female was reportedly injured on June 9, 2007 due to cumulative trauma while working. The most recent progress note, dated May 9, 2014, indicated that there were ongoing complaints of neck pain and bilateral upper extremity pain on the left greater than the right side. Pain was rated at 5/10 without medications and 3/10 with medications. The physical examination demonstrated decreased lordosis of the cervical spine and tenderness over the cervical spine and the paravertebral muscles. There was decreased cervical spine range of motion and a negative Spurling's test. There was noted to be decreased sensation at the C6 and C7 nerve distributions on the right greater than the left side. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included cervical spine surgery, a home exercise program, hot/cold packs, and oral medications. A request had been made for a sleep study and was not certified in the pre-authorization process on June 2, 2014.

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 (ODG), Treatment Index, 11th Edition (Web), 2013, Pain, 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, Polysomnogram, Updated September 9, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for a sleep study or polysomnogram includes excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, a sleep-related breathing disorder, or in insomnia complaint for at least six months, which is unresponsive to treatment. A review of the attached medical record does not indicate that the injured employee meets these criteria. As such, this request for a sleep study is not medically necessary.