

Case Number:	CM14-0096276		
Date Assigned:	07/25/2014	Date of Injury:	10/16/2008
Decision Date:	09/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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:

103 pages were provided for review. The request for independent medical review was signed on June 23, 2014. There was a non-certification for sleep study consult dated June 13, 2014. Per the records provided for review, the patient has chronic pain in the back and neck. He has gained weight and complains that he awakes several times during the night. The doctor was considering a diagnosis of sleep apnea which is causing the disruptive sleep. The claimant was described as a 50-year-old male who was injured on October 16, 2008. He was last evaluated by the chiropractor on May 13, 2014. He reported a flare-up of low back pain a month prior. He complained of daily neck pain and difficulty sleeping. He slept four hours of disrupted sleep and is not rested. The diagnoses provided were lumbosacral strain-sprain with lumbar radiculopathy, sacroiliac sprain strain, cervical spine strain sprain with degenerative stenosis and sleep difficulty due to chronic pain. There was a January 21, 2014 comprehensive pain management report. There was pain in the low back which he rates at seven out of 10. He originally slipped on a wet floor in the year 2008 while cleaning a toilet. He states that his body twisted and he fell landing on his tailbone, jerking his neck and back. His head struck a nearby wall. He had immediate pain in the low back and neck and developed a headache. He was unable to complete his shift. He went back to work and noticed pain with bending, twisting, pushing, pulling and lifting of items weighing up to 100 pounds. He was referred for a session of physical therapy. The weight is 208 pounds and he weighs 5 feet 6 1/2 inches. He has a mild antalgic gait to the left with a cane. There was a note from [REDACTED] from June 12, 2014. He diagnosed the patient with lumbar disc disease, lumbar facet syndrome and left sacroiliac joint arthropathy. This letter addressed the non certification for sacroiliac joint rhizotomy, but did not mention the sleep study. Several other hand written PR two's were provided some of which were not legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Consult: 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) Pain, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain section, Polysomnography.

Decision rationale: The MTUS is silent on sleep studies. The ODG notes regarding sleep studies that they are 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. The claimant meets none of these criteria. Further In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence. This criterion is not met.(2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); This criterion is not met.(3) Morning headache (other causes have been ruled out); this criterion is not met.(4) Intellectual deterioration (sudden, without suspicion of organic dementia); This criterion is not met.(5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); this criterion also is not met.(6) 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. Again, this criterion is not met. Therefore, the request was appropriately non-certified under the evidence-based criteria.