

Case Number:	CM13-0018322		
Date Assigned:	10/11/2013	Date of Injury:	05/18/2010
Decision Date:	07/24/2015	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 39-year-old female, who sustained an industrial injury on 5/18/10. She reported pain in her neck, upper back and left upper extremity after pushing a heavy object. The injured worker was diagnosed as having cervical disc bulge, thoracic disc bulge and left shoulder strain. Treatment to date has included Fioricet, a cervical MRI, a thoracic MRI, a left shoulder MRI and an EMG study of the upper extremities on 11/29/10 that was normal. As of the PR2 dated 7/22/13, the injured worker reports pain in her neck, upper back and left shoulder. Objective findings include cervical flexion 30 degrees, extension 25 degrees and lateral 25 degrees bilaterally. There is no documentation of sleep disturbances. The treating physician requested a pain medicine follow-up consultation and a sleep study.

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), Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Polysomnography, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: According to ODG guidelines, a sleep study 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. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) Unattended / portable / in home sleep studies are not recommended because there is a lack of scientific evidence supporting their effectiveness. Criteria for Polysomnography: In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. According to ODG guidelines, sleep studies are recommended after at least 6 months of insomnia unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is not clear from the patient file, that the above therapies were tried before requesting a sleep study. There is no recent documentation of sleep dysfunction. Therefore, the requested for Sleep study is not medically necessary.

Pain Medicine Follow-Up Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 92, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rationale for the request for an office up visit. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for follow-up consultation is not medically necessary.