

Case Number:	CM14-0199121		
Date Assigned:	12/09/2014	Date of Injury:	08/31/1991
Decision Date:	03/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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 York
Certification(s)/Specialty: Internal 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 claimant is a 67 yo male who sustained an industrial injury on 08/31/1991. His diagnoses include coronary artery disease status post percutaneous transluminal coronary angioplasty, hypertension, palpitations, renal artery stenosis status post renal artery stent, and sleep disturbance. Per the evaluation on 10/16/2014 he continues to complain of poor sleeping habits, and exhaustion in the morning. The physical exam revealed stable vital signs and was remarkable for a 1/6 systolic murmur, diminished breath sounds at the bases and pitting edema of the lower extremities bilaterally. Treatment in addition to the procedures has included medical therapy. The treating provider has requested 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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG)Sleep

Study; Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine; Evaluation and Treatment of Sleep Apnea 2013.

Decision rationale: There is no documentation provided indicating the claimant requires a sleep study per ODG guidelines. There is no history of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic leg movement disorder suspected or insomnia lasting for at least six months unresponsive to behavior intervention and sedative/sleep-promoting medication and psychiatric etiology has been excluded. There is documentation the claimant has stress and difficulty sleeping but there is no evidence that the claimant has obstructive sleep apnea symptoms such as apnea spells, excessive snoring, and excessive daytime fatigue. Medical necessity for the requested item has not been established. The requested item is not medically necessary.