

Case Number:	CM14-0210369		
Date Assigned:	12/23/2014	Date of Injury:	11/01/2011
Decision Date:	03/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Patient is a 44 year-old female with date of injury 11/01/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/11/2014, lists subjective complaints as pain in the jaw, worsened vision, and headaches. Objective findings: Examination of the patient revealed no significant findings. The patient noted that she sleeps 9 hours a night, wakes three times, and has had worsening weakness and malaise. No other physical examination results were documented by the requesting physician. Diagnosis: 1. Osteomyelitis of the jaw, secondary to methicillin-resistant staphylococcus aureus infection 2. Hip and thigh pain with parathesia of the arms, secondary to medication 3. Abdominal pain 4. Acid reflux, secondary to stress; rule out ulcer/anatomical alteration 5. Constipation/diarrhea, secondary to stress; rule out irritable bowel syndrome 6. Shortness of breath likely secondary anxiety 7. Sleep disorder 8. Psychiatric diagnosis 9. History of thrombocytosis 10. Hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleepy Study Body Part: Blood Disorders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain

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

Decision rationale: According to the Official Disability Guidelines, 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. The patient reports sleeping 9 hours per night and there is no documentation of any of the above criteria. Sleepy Study Body Part: Blood Disorders is not medically necessary.