

Case Number:	CM14-0212381		
Date Assigned:	02/05/2015	Date of Injury:	06/14/2010
Decision Date:	03/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 49 year old male, who sustained an industrial injury on June 14, 2010. He has reported neck pain, mid thoracic pain, low back pain, hip pain, bilateral ear ringing and bilateral lower extremity pain, foot numbness and knee pain and was diagnosed with early cervical myelopathy, lumbar spinal stenosis, cervical spinal stenosis, mid thoracic multilevel disc degeneration, significant obesity, depression, erectile dysfunction and partial bowel and bladder incontinence. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical intervention, conservative treatment modalities, pain medications and work modifications. Currently, the IW complains of neck pain, mid thoracic pain, low back pain, hip pain, bilateral ear ringing and bilateral lower extremity pain, foot numbness and knee pain. The injured worker reported an industrial injury in 2010, resulting in neck pain, mid thoracic pain, low back pain, hip pain, bilateral ear ringing and bilateral lower extremity pain, foot numbness and knee pain. He complained of persistent severe neck pain in spite of conservative therapies. On August 13, 2014, evaluation revealed continued pain. Based on x-ray studies, it was noted he was a surgical candidate. Consultation was requested. Evaluation on September 8, 2014, revealed the injured worker was unable to walk much and remained in pain. Aqua therapy was discussed, surgical options were discussed and pain medications were renewed. On December 10, 2014, Utilization Review non-certified a sleep study evaluation, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 8, 2014, the injured worker submitted an application for IMR for review of requested sleep study evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study evaluation (polysomnography): 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), 11th edition (web), 2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Online Pain Chapter, Polysomnography Section

Decision rationale: The patient presents with back pain. The current request is for Sleep study evaluation (polysomnography). The treating physician states, "Dr. ■ felt that his sleep apnea was industrial related therefore a sleep study is required on an industrial basis." In reviewing the documentation provided, there is no indication of sleep apnea on any previous report submitted. The ODG Guidelines state, "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." It also goes on to state that for sleep studies, a combination of indications are necessary to recommend a study, "Excessive daytime somnolence; Cataplexy; Morning headaches, Intellectual deterioration; personality change; sleep-related breathing disorder or periodic limb movement disorder is suspected; and insomnia complaint for at least six months." In this case, the reports submitted do not indicate that the patient suffers from any of the above criteria. Ultimately, the current request is not supported by the ODG Guidelines based on the documentation submitted and reviewed. Recommendation is for denial.