

Case Number:	CM14-0213512		
Date Assigned:	12/31/2014	Date of Injury:	06/03/2013
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old female with a 6/3/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 12/3/14 requested authorization for sleep studies, however no subjective complaints or objective findings were noted. Diagnostic Impression: Cervical Radiculopathy Treatment to Date: medication management, physical therapy, chiropractic A UR decision dated 12/12/14 denied the request for Sleep Studies. There was no specific rationale noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Comp, 12th edition, Pain (Chronic) (updated 11/21/14), Polysomnography

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

Decision rationale: CA MTUS does not specifically address the issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & 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. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. However, in the documents submitted for review, there is none of the above qualifying symptomatology documented. Therefore, the request for Sleep studies is not medically necessary.