

Case Number:	CM15-0004053		
Date Assigned:	01/15/2015	Date of Injury:	07/17/2014
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 is a 39-year-old male who reported an injury on 07/17/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar disc protrusion and lumbar myofasciitis. A Request for Authorization form was submitted on 12/04/2014 for an internal medicine consultation and a sleep study. However, there was no Physician's Progress Report submitted by the requesting physician on 12/04/2014. The latest Physician's Progress Report submitted for this review is documented on 09/18/2014. The injured worker presented with complaints of constant, moderate low back pain radiating into the bilateral lower extremities causing numbness and tingling. Upon examination, there was decreased and painful range of motion with 48 degrees flexion, 25 degrees extension, and 25 degrees right and left lateral bending. There was tenderness to palpation of the lumbar paravertebral muscles with spasm. Recommendations at that time included continuation of chiropractic therapy and shockwave therapy.

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, Pain Chapter, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Polysomnogram.

Decision rationale: The Official Disability Guidelines recommend a polysomnography for a combination of indications. In this case, there was no Physician's Progress Report submitted by the requesting physician on 12/04/2014. There is no documentation of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep related breathing disorder, or insomnia complaints for at least 6 months. The injured worker does not meet criteria for the requested procedure. Given the above, the request is not medically appropriate at this time.