MAXIMUS Federal Services

Case Number:	CM15-0006174		
Date Assigned:	01/26/2015	Date of Injury:	09/07/2013
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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 sustained an industrial injury on 9/07/2013, after the store for which he was working for, was robbed. He sustained a laceration over his nose and reported persistent nasal stuffiness, sneezing, itching, and occasional nasal bleeding. He also reported chronic chemical exposure to respiratory tract irritants. The diagnoses have included other diseases of the upper respiratory tract. Treatment to date has included conservative measures. Currently, the injured worker complains of sleep problems, headaches, and depression. Tenderness was described over the cervical and lumbar spine, paraspinals, hands, and shoulders. Mood was note described. Insomnia was not detailed. A psychiatry appointment was pending. A sleep study was recommended. On 12/17/2014, Utilization Review non-certified a request for a polysomnogram, citing lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram: 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 Procedure

Summary: Polysomnography and TRG Medical Policy, Surgery for Morbid Obesity: http://www.regence.com/trgmedpol/medicine/med22.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Polysomnography, Criteria for Polysomnography

Decision rationale: The injured worker is being treated for reactive airway disease secondary to chemical exposure. Symptoms include shortness of breath and chest pain associated nasal congestion, back, neck and shoulder pain. Request is made for polysomnography. Official disability guidelines cite very specific criteria for polysomnography. Review of available medical records does not demonstrate any criteria for polysomnography have been met. Request is therefore not medically necessary.