

Case Number:	CM15-0014847		
Date Assigned:	02/02/2015	Date of Injury:	08/27/2012
Decision Date:	05/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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 55 year old male who sustained an industrial injury on 08/27/2012. Current diagnoses include flare-up of lumbar spine disc protrusion, cervical strain, right shoulder rotator cuff syndrome, right wrist scapholunate disruption-status post open reduction, right knee sprain/strain, and thoracic spine sprain/strain. Previous treatments included medication management, and right wrist surgery. Report dated 11/12/2014 noted that the injured worker presented with complaints that included persistent pain in the mid and low back, left shoulder pain, right shoulder pain, and right knee pain. The physician noted that the injured worker is having difficulty sleeping and is always fatigued in the morning. Physical examination was positive for abnormal findings. The treatment plan included pending authorizations for psych consult and physical therapy, continue with Motrin and Prilosec, obtain MRI results from July 2014, request authorization for internist, sleep study, and Kera-Tek analgesic gel. Disputed treatments include sleep study.

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 (ODG); Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Polysomnography.

Decision rationale: The patient presents with low back, bilateral shoulders, right wrist and right knee pain. The request is for SLEEP STUDY. The request for authorization is dated 12/29/14. Physical examination of the thoracic spine reveals tenderness to the paraspinals and decreased ROM. Exam of the lumbar spine reveals tenderness to paraspinals, decreased ROM, and positive straight leg test. Exam of bilateral shoulders reveals tenderness to the acromioclavicular joint. Exam of the right wrist reveals decreased strength and sensation at the median and ulnar aspects of the right wrist. Exam of the right knee reveals tenderness to the medial joint and line, decreased ROM, and positive Valgus and Varus stress test. The pain is made better with rest and medication. The patient takes Motrin that helps his pain from a 7/10 down to a 4/10 and it allows him to ambulate for half an hour. The pain is made worse with activities. The patient's medications include Motrin and Prilosec. Per progress report dated 12/03/14, the patient is on modified work. ODG guidelines have the following regarding sleep studies: "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. Not recommended for chronic insomnia, or insomnia associated with psychiatric disorders." For criteria, excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change not due to meds or psyche problems; sleep-related breathing disorder or periodic limb movement disorder is suspect are required. Per progress report dated, 11/12/14, treater's reason for the request is "he states that he is having difficulty sleeping at night and he is always fatigue in the morning." However, there is no documentation of excessive daytime somnolence; cataplexy; morning headaches; intellectual deterioration; personality change that would indicate the patient meets guideline criteria. Furthermore, the psychiatric etiology for the patient's sleep difficulties have not been ruled out. Therefore, the request IS NOT medically necessary.