

Case Number:	CM15-0114198		
Date Assigned:	06/22/2015	Date of Injury:	07/27/2011
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 71 year old male who sustained a work related injury July 27, 2011, after a fall. According to a primary treating physician's progress report, dated May 23, 2015, injured worker presented with neck pain, rated 9/10, described as achy and dull radiating to the right and left upper extremity in the distribution of C5, C6, and associated with headaches. Physician noted ibuprofen causes abdominal irritation. Some handwritten notes are difficult to decipher. Diagnoses documented as cervical degenerative disc disease; cervical radiculopathy; headaches. Treatment plan included medication, physical therapy, and recommendation for epidural steroid injection. A secondary treating physician's report dated May 27, 2015, finds the injured worker presenting with improvement of chest pain, but unchanged inguinal pain, shortness of breath, and sleep quality. Physical examination revealed; stable vital signs, lungs clear to auscultation, heart rate and rhythm regular with no rubs or gallops. Diagnoses are elevated blood pressure, night inguinal hernia, chest pain, shortness of breath, and sleep disorder. Treatment recommendations documents pending 2 D echocardiogram, renal ultrasound and sleep study. At issue, a request for authorization for a 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), Pain Chapter, 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, Polysomnography.

Decision rationale: MTUS is silent regarding sleep apnea studies. ODG states "Polysomnograms/sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The medical documentation provided does not indicate complaints of excessive daytime sleepiness, cataplexy, intellectual deterioration, personality changes, or failure of sedative/sleep-promoting medications. While medical records indicate headaches, there is no additional description to indicate that they are unrelated to the patient's head injury. As such, the request for Sleep study is not medically necessary at this time.