MAXIMUS Federal Services

Case Number:	CM15-0122791		
Date Assigned:	07/07/2015	Date of Injury:	09/24/2014
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 28 year old male who sustained an industrial injury on 9/24/14. He had complaints of low back pain. Primary treating physician's progress report dated 5/4/15 reports complaints of low back pain, leg pain, difficulty sleeping and stress. The lumbar spine has decreased range of motion and bilateral lower extremities have decreased strength, left more than the right. Diagnoses include: L4-5 disc herniation with stenosis and radiculopathy, stress, and insomnia. Plan of care includes: epidural injection after blood sugar is under control, see a psychologist/psychiatrist for stress and depressive symptoms and arrange a sleep study to determine cause of insomnia. This individual has a newborn at home that had been in the NICU after birth. Work status: remain temporary disability since modified work is unavailable. Follow up appointment, 6/9/15.

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), Mental Illness and Stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesPain - Polysomnography.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and specific criteria need to be met to justify sleep studies. These criteria include persistent insomnia (greater than 6 months) that is non responsive to cognitive therapy or medications and does not have a psychological basis. These Guideline criteria or not met. This individual does not have documentation of reasonable treatment for insomnia and has medical diagnosis that are a major cause of insomnia i.e. stress and depression. No "red flags" to justify a sleep study are documented. Under these circumstances, the Sleep study is not supported by Guidelines and is not medically necessary.