

Case Number:	CM15-0164828		
Date Assigned:	10/20/2015	Date of Injury:	04/23/2014
Decision Date:	12/01/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 0-23-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain, cervical facet arthropathy, insomnia, anxiety and depression. Medical records (03-24-2015 to 07-02-2015) indicate ongoing neck pain and stiffness resulting in headaches, pain and numbness in the right upper extremity C5 distribution, and numbness to the right side of the face with difficulty swallowing. The IW's wife reported that the IW has episodes where he stops breathing, has choking and shortness of breath while lying down. Pain levels were rated 7-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-02-2015, revealed painful range of motion in the cervical spine, and facial weakness with drooping mouth and much less movement on the right side compared to the left. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. The PR and request for authorization (07-02-2015) shows that the following test was requested: sleep study. The original utilization review (07-24-2015) non- certified the request 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, Pain Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 114.

Decision rationale: According to the ODG guidelines, a sleep study is 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. Criteria for a sleep study include: 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. In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. There was fatigue and daytime somnolence but prior months notes did not indicate consistent symptoms or failure of behavioral interventions. The request for a sleep study is not medically necessary.