

Case Number:	CM15-0171405		
Date Assigned:	09/11/2015	Date of Injury:	09/17/2012
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/31/2015

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 42 year old male, who sustained an industrial injury on 9-17-12. The injured worker has complaints of pain in his shoulders and neck and experiences numbness in his hands. The documentation noted positive spasms in the thoracic spine. The documentation noted lumbar pain frequent with sleeping and radiculopathy left lower extremity increased with sleeping and positive for spasms. Magnetic resonance imaging (MRI) of the lumbar spine on 11-25-14 showed L3-L4, broad-based central disc protrusion effaces the thecal sac, disc measures 1.3 millimeter in neutral, 1.9 millimeter in extension, less than 1.0 millimeter in flexion. Computerized tomography (CT) scan of the cervical spine on 5-5-15 showed status post spinal fusion at C5-C6 and C6-C7; no fracture or spondylolisthesis and posterior bony spurring associated with bilateral uncovertebral joint and facet hypertrophy with resultant moderate to severe bilateral neural foraminal narrowing and moderate spinal canal stenosis at C5-C6 and at C6-C7 as detailed above. The diagnoses have included sprain of lumbar. Treatment to date has included physical therapy; chiropractic therapy and acupuncture. The original utilization review (8-12-15) non-certified the request for sleep study. Several documents within the submitted medical records are difficult to decipher.

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-Treatment in Workers' Compensation.

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. The sleep disturbance is likely due to pain rather than a primary sleep problem. The request for a sleep study is not medically necessary.