

Case Number:	CM15-0171467		
Date Assigned:	09/11/2015	Date of Injury:	03/15/2010
Decision Date:	10/09/2015	UR Denial Date:	08/24/2015
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: North Carolina

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 was a 47 year old male, who sustained an industrial injury, March 15, 2010. The injury was sustained when the injured worker was hit with a hand rail in the low back. According to progress note of July 31, 2015, the injured worker's chief complaint was neck and low back pain with trouble sleeping. The injured worker reported several deaths in the family which had increased stress and increased pain. The low back was most of the pain with radiation of pain into both arms and hands and both legs down to the feet. The injured worker rated the pain at 7 out of 10, According to the progress noted of May 7, 2015 the injured worker was only sleeping 3-5 hours at night. On July 31, 2015 the injured worker reported sleeping 4-5 hours a night. On June 30, 2015 a psychological evaluation was completed the injured worker reported having trouble sleeping due to pain and psychological distress. The injured worker scored an 89 on the Martinez's testing for sleep disturbance. The indicated a very disturbed sleep pattern. The injured worker was undergoing treatment for HPN (herniated nucleus pulposus) of the lumbar spine, lumbar stenosis, facet hypertrophy of the lumbar spine and cervical HPN (herniated nucleus pulposus). The injured worker previously received the following treatments Norco, Soma, Oxycodone, Ambien 10mg at hour of sleep prior to March 11, 2015, Gabapentin, Omeprazole, Nizatidine, Medrol Pack, status post lumbar spine laminectomy L4-L5 on July 20, 2012, pain management, home exercise program and psychological evaluation on July 31, 2015. The RFA (request for authorization) dated June 16, 2015; the following treatments were requested asleep study. The UR (utilization review board) denied certification on August 24, 2015; for a sleep study. The criteria for a sleep study was 6 months of documentation of

insomnia, unresponsive to behavioral intervention and sedative sleep promoting medications and after psychological etiology has been excluded.

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), Polysommography (Sleep Study).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sleep study.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states sleep studies are indicate din the evaluation of sleep disorders such as sleep apnea, insomnia and periodic limb movement disorder. The patient has documented sleep disturbance but not of failure of conservative therapy. Therefore the request is not medically necessary.