

Case Number:	CM15-0063724		
Date Assigned:	04/09/2015	Date of Injury:	09/26/2011
Decision Date:	05/18/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation

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 49 year old male who sustained an industrial injury on 09/26/2011. Current diagnosis includes sleep disorder and rule out pulmonary disorder. Previous treatments included medication management. Initial complaints occurred when a tank exploded throwing the worker 30 feet high which resulted in third degree burns to the face, abdomen, arm pit, right arm and hand. Report dated 03/11/2015 noted that the injured worker presented with complaints that included pulmonary and sleep problems. Physical examination was negative for abnormal findings. The treatment plan included recommendation for polysomnogram and MSLT, pulmonary function test and a methacholine challenge test. Disputed treatment includes polysomnogram.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Polysomnogram: 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 Pain chapter, polysomnogram.

Decision rationale: This patient presents with pulmonary issues and complaints of sleep disturbances following an explosion on 09/26/11. The current request is for a Polysomnogram. ACOEM topics and MTUS Chronic pain guidelines do not discuss polysomnograms/sleep studies; therefore, ODG guidelines are consulted. ODG Guidelines under its Pain chapter has the following regarding polysomnogram, "recommended after at least 6 months of insomnia complaints, at least 4 nights a week, unresponsive to behavior, intervention, and sedative sleep-promoting medication, and after psychiatric etiology has been excluded." Review of the medical file indicates that the patient score on the Epworth Sleepiness scale was 5/24. The treating physician recommends a polysomnogram to "exclude the possibility of central sleep apnea, as the patient was taking narcotics, which were associated with central sleep apnea." In this case, although progress report indicates issues with the patient's sleep, the treating physician does not discuss behavioral interventions, medication trial, and psychiatric etiology. As required by ODG, there are no documentations of excessive daytime somnolence, intellectual deterioration, personality change, etc. The requested polysomnogram IS NOT medically necessary.