

Case Number:	CM15-0069250		
Date Assigned:	04/16/2015	Date of Injury:	05/24/2012
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, 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:

This is a 41-year-old female patient, who sustained an industrial injury on May 24, 2012. The diagnoses have included lumbar musculoligamentous injury, lumbar muscle spasm, thoracic spine sprain/strain resolved, cervical spine sprain/strain resolved, psyche component and loss of sleep. She sustained the injury due to tripped and fell while walking. Per the note dated March 20, 2015 she had complaints of intermittent moderate throbbing low back pain and stiffness; anxiety, depression and sleep disturbance due to the pain. Physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and sacroiliac joints with spasms, pain with Kemp's test and straight leg raise test. The medications list includes ibuprofen, omeprazole, flexeril and menthodermin ointment. Treatment to date has included medications, radiological studies, a function capacity evaluation and home exercise program. The treating physician's plan of care included a 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 (ODG), 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) Chapter: Pain (updated 04/30/15) Polysomnography.

Decision rationale: Sleep study CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per ODG cited below Polysomnography/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." The records provided do not specify if any of the above criteria are present. A detailed clinical history regarding insomnia is not specified in the records provided. Exclusion of psychiatric etiology is not specified in the records provided. Response to sedative/sleep promoting medications and behavior intervention are not specified in the records provided. Sleep study is not medically necessary for this patient.