

Case Number:	CM15-0071218		
Date Assigned:	04/21/2015	Date of Injury:	10/22/2014
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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 35 year old female, who sustained an industrial injury, October 22, 2014. The injured worker previously received the following treatments physical therapy. The injured worker was diagnosed with cervical spine sprain, neck pain with radiculopathy, lumbar spine sprain rule out discogenic back pain with radiculopathy, left wrist De Quervain's tenosynovitis, headaches and insomnia. According to progress note of October 22, 2014, the injured workers chief complaint was neck pain, lower back pain, left wrist pain, headaches and difficulty sleeping. The physical exam noted decreased range of motion of the cervical and lumbar spine. There was swelling and tenderness first dorsal compartment and left wrist with positive Finkelstein. The treatment plan included 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 chapter - Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, sleep study.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states sleep studies are indicated for symptoms of narcolepsy and sleep apnea. Prior to ordering an exam, a thorough physical exam including cardiovascular and neurologic examination and review of medications that may contribute to these symptoms must be performed. Indications include excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change and insomnia for 6 months that is unresponsive to behavior modification and medication and a psychiatric etiology has been excluded. The request is for sleep study for insomnia but the clinical documentation provided for review fails to meet the above outlined criteria and therefore the request is not medically necessary.