MAXIMUS Federal Services

Case Number:	CM15-0076138		
Date Assigned:	04/27/2015	Date of Injury:	05/12/2014
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: Preventive Medicine, Occupational Medicine

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 23-year-old female who sustained an industrial injury on 5/12/2014. Her diagnoses, and/or impressions, included: hypersomnia with sleep apnea. Additional diagnoses include: cervical spine musculoligamentous sprain/strain, rule-out herniated nucleus pulposus; bilateral upper extremity radiculopathy and neuralgic symptoms; right temporomandibular joint dysfunction with edema; chronic headaches, lightheadedness, nausea and dizziness; lower extremity neurologic symptoms; and bilateral shoulder, thoracic spine and lumbar spine musculoligamentous sprains/strains. No current magnetic resonance imaging studies are noted. An airway evaluation for sleep related disorders is noted on 3/25/2015. Her treatments have included an appliance for bruxism; injection therapy; modified work duties; and oral analgesics. Progress notes of 3/25/2015 noted chief concerns to be for restless sleep; daytime fatigue/sleepiness; bruxism; jaw/face pain; and low energy levels. The impression was for possible "O&A" post trauma, and another appliance was recommended. The physician's requests for treatments were noted to include a home sleep test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Sleep Test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesPain - Polysomnography.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guideline has narrow criteria to justify sleep studies in the setting of chronic pain or injury. This individual meets these criteria, which includes well-documented daytime hypersomnia associated with a possible breathing disorder. The breathing disorder is thought to be possible and due to facial trauma/bruxism. Under these circumstances, the Home Sleep Test is Guideline supported and is medically necessary.