

Case Number:	CM15-0076465		
Date Assigned:	04/28/2015	Date of Injury:	03/02/2014
Decision Date:	06/05/2015	UR Denial Date:	04/15/2015
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: Arizona, Texas

Certification(s)/Specialty: Internal 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 36 year old female, who sustained an industrial injury on 03/02/2014. She has reported subsequent neck, shoulder and back pain and was diagnosed with cervical, thoracic and shoulder sprain/strain and shoulder impingement. The injured worker was also diagnosed with insomnia. Treatment to date has included oral and topical pain medication and home exercise program. In a progress note dated 04/09/2015, the injured worker complained of neck and bilateral shoulder pain and difficulty sleeping due to pain and depression. Objective findings were notable for decreased range of motion of the cervical spine, tenderness of the neck and bilateral shoulders, positive impingement signs of the left and right shoulders and tenderness of the deltopectoral groove of the right shoulder. A request for authorization of sleep study evaluation was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study evaluation: 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), Polysomnography.

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

Decision rationale: The ODG states polysomnograms are recommended for the combination of indications listed below: 1. Excessive daytime somnolence; 2. Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); 3. Morning headache (other causes have been ruled out); 4. Intellectual deterioration (sudden, without suspicion of organic dementia); 5. Personality change (not secondary to medication, cerebral mass or known psychiatric problems); and 6. Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the documentation does not support that the patient has symptoms that meet criteria for a sleep study. Therefore, the requested medical treatment is not medically necessary.