

Case Number:	CM15-0078579		
Date Assigned:	04/30/2015	Date of Injury:	11/09/2011
Decision Date:	06/03/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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: Psychologist

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 44 year old, male who sustained a work related injury on 11/9/11. The diagnoses have included closed head injury, traumatic brain injury, sleep disorder and multiple orthopedic-related problems. The treatments have included a sleep study on 9/11/14, cognitive rehabilitation program, medications and treatment for orthopedic problems. In the Sleep Study Evaluation Report dated 2/6/15, the injured worker complains he has trouble falling asleep. He reports he feels like a "restless sleeper." He has daytime sleepiness. The physician reports "since the injury, he continues to experience body pains, insomnia, restlessness and sleep disturbance." The sleep study, polysomnography, was performed over this night of this report. The requested treatment of the polysomnography was not noted in other progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress chapter - Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Polysomnography.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience disordered sleep despite treatments and medications. He has a history of completing two prior sleep studies in November 2014 and February 2015. Both reports offered information about follow-up treatment. It is unclear as to the rationale for an additional sleep study. Without more information to substantiate the need for an additional sleep study, the request for an additional polysomnography is not medically necessary.