MAXIMUS Federal Services

Case Number:	CM15-0079573		
Date Assigned:	04/30/2015	Date of Injury:	11/20/2012
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/25/2015

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, Florida, 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 63-year-old male who sustained an industrial injury on 11/20/2012. He was injured while trying to handcuff a person who was suspected of stealing. He was knocked to the ground. Initially he received 10 sutures to his forehead. He injured his head, neck, back, hips and left knee. Diagnoses include chronic lumbar strain, quadratus lumborum strain, ligament and muscle strain and spasm, anxiety, depression, hypertension and diabetes. He has additional diagnoses of cerebral concussion, post-concussion, posttraumatic cephalgia and dizziness, insomnia, cognitive dysfunction, cervical, thoracic, and lumbar radiculopathy, and behavioral changes. Treatment to date has included diagnostic studies; status post left knee surgery, medications, facet block with no alleviation of the pain, physical therapy, acupuncture, back brace, psychiatric treatment, and injections. A physician progress note dated 11/18/2014 documents the injured worker reports having impaired sleep, averaging 3-4 hour a night. He also has significant problems in his sleep patterns, ability to initiate sleep, and his quality of sleep in general. Mallampati Score is 2. He was diagnosed with probable obstructive sleep apnea, sleep onset and maintenance insomnia, and anxiety and depression. A full sleep study to evaluate for any intrinsic sleep disorder is recommended. A physician progress note dated 11/21/2014 documents the injured worker states he breaths through his mouth while sleeping. He complains of waking up 4 times a night due to pain and stress. Upon waking in the morning, the patient experiences headaches, and dry mouth. He reports feeling tired even after a night's sleep and taking naps during the day. Carotid duplex study done on 01/15/2015 was normal.

Echocardiogram done on 01/13/2015 showed an ejection fraction of 63%. Treatment requested is 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), Mental Illness & Stress Chapter.

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

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This claimant was injured now three years ago with various strain injuries. Since November, there has been 3-4 hours per night of sleep, decreased ability to initiate sleep, decreased quality of sleep. The Mallampati score is two. He had daytime fatigue, and requires naps. The ODG notes regarding sleep studies: 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. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) In this case, there is no mention of response to behavioral intervention, medicine, and that a psychiatric etiology has been excluded. The request is not medically necessary.