

Case Number:	CM15-0095157		
Date Assigned:	05/21/2015	Date of Injury:	08/25/2011
Decision Date:	06/26/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/18/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46 year old male, who sustained an industrial/work injury on 8/25/11. He reported initial complaints of pain to back, neck, foot, and head. The injured worker was diagnosed as having major depressive disorder, sleep disorder, insomnia, pain disorder with both psychological factors and medical condition factors; plantar fascial fibromatosis, enthesopathy of ankle and tarsus, unspecified. Treatment to date has included medication and consultations. Currently, the injured worker complains of arch and heel pain with tenderness across the top of the midfoot. Per the primary physician's progress report (PR-2) on 3/30/15, examination revealed appearance of tiredness and drained with psychological inertia and symptoms of hopelessness. Per the PR-2 on 4/15/15, there is decreasing heel and arch pain, the ankle, subtalar, and tetatarsal phalangeal joint ranges of motion are grossly intact, no Tinel's sign, skin texture, turgor, and temperature is normal with normal pedal pulses and vascular exam. Current plan of care included follow up with psychologist for assessment of functional response to treatment, biofeedback sessions, psychotherapy, cognitive behavioral therapy and sleep referral. The requested treatments include Sleep Study referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

Decision rationale: MTUS is silent regarding sleep apnea studies. ODG states "Polysomnograms / sleep studies 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); & (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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." While the treatment notes indicate that the patient complains of difficulty sleeping due to pain, there is no documentation of excessive daytime sleepiness, cataplexy, intellectual deterioration, personality changes, or insomnia for greater than 6 months. As such, the request for Sleep Study Referral is not medically necessary at this time.