

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	5/27/2011
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002889

- 1) MAXIMUS Federal Services, Inc. has determined the request for a sleep study is **not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a sleep study is **not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“Clinical summary: According to the Follow-Up Report of primary Treating Physician dated 05/01/13 by Dr. [REDACTED], the patient of continue lumbar spine pain which radiated into the lower extremities with pain, paresthesia, and numbness. Physical examination showed spasms, tenderness, and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Plan was for sleep study. According to the nurse case summary, the patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified; displacement of lumbar intervertebral disc without myelopathy; and brachial neuritis or radiculitis.

Date of injury: 05/27/11”

I have reviewed all 100+ pages and have read the above summary.

Additionally this patient slipped and fell on a wet bathroom floor on 5/27/2011 impacting on his back. MRI scans performed showed mostly cervical and lumbar spinal disease on 9/ 2012.

Documentation in the chart does not involve any mention of sleep apnea and or hypersomnolence it does mention sleep disturbances depression anhedonia and significant psychosocial interaction issues.

Evaluation by a psychiatrist did not mention classic symptoms of sleep apnea but most reports sleeping patterns secondary to major depression and above symptoms.

I found a few vital signs which indicated that the patient is 5 feet 5 inches tall and weighs 170 pounds plus or -5% which makes his BMI 28.3.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/8/2013)
- Medical Records provided by the claims administrator
- Medical Records provided by the employee's attorney

1) Regarding the request for a sleep study:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Polysomnography chapter, which is a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/27/11 and experiences lumbar spine pain, paresthesia and numbness. The record indicates that the employee was given pain medication and anti-inflammatory agents and supplied with back support. The request was submitted for a sleep study.

The medical records submitted for review does not describe issues consistent with sleep apnea. There is no mention of excessive daytime somnolence, morning headaches and all the other classic symptoms of obstructive sleep apnea. Moreover, the patient's BMI does not reflect obesity which would be another factor to consider if he be about 30-35 BMI. The medical records do not indicate and assess his sleep apnea, such as a sleep apnea questionnaire, family report or use of medication that could induce symptoms. Snoring by itself does not meet ODG guidelines for a sleep study. The request for a sleep study **is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/th

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.