

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:	7/17/2013
Date of Injury:	1/19/2011
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003672

- 1) MAXIMUS Federal Services, Inc. has determined the request for retrospective request for a sleep study on 2/14/13 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 retrospective request for a sleep study on 2/14/13 **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 17, 2013

- “1. For the purpose of this review, sleep disturbance will be addressed.
2. Diagnosis: Sleep Disturbance, Obstructive Sleep Apnea.
3. The patient is a 30 year old male patient s/p injury 1/19/11.
4. Discussion:
 - a) At the time of this procedure, this injury was over 2 years old and chronic.
 - b) The submitted study states that the clinical indications for this were industrial related complaints of sleep disturbances with excessive daytime sleepiness resulting from the patient's injuries. T11is was also to assess the effect of the patient's clinical sleep disorder on his/her ability to think clearly and concentrate/focus on daily tasks.
 - c) There is no clinical evaluation.
 - d) There is mention of difficulty sleeping.
 - e) There is mention of daytime sleepiness. There is no mention of concern regarding driving, or reporting of the patient's condition to the DMV.
 - f) There is no mention of snoring.
 - g) There is no mention of poor coordination, forgetfulness, irritability, or poor daytime functioning.
 - h) There is no mention of use or nonuse of caffeinated or alcoholic beverages.
 - i) There is no mention of a basic office sleep evaluation, such as the Epworth sleepiness scale.
 - j) There is no mention of decreased alertness or cognitive impairment on a basic clinical examination.
 - k) There is no mention of any concern regarding obstructive versus central sleep apnea
 - l) There is no mention of clinical concern regarding narcolepsy, obstructive pulmonary disease or seizure disorder.
 - m) There is no documentation of failure of 1st line treatment efforts to facilitate sleep,

including patient counseling, daytime exercise, avoidance of napping, and scheduling of meals to facilitate sleep.

n) In this setting, MTUS guidelines do not support formal sleep evaluation, testing or treatment.

o) Available reports provide no medical basis for treatment outside of these guidelines.

p) Therefore, the requested sleep studies are not recommended.

5. Per billing statements DOS 2/4/13, a sleep study was performed (CPT codes 99650-patient education, 99071 Education supplies, 95810 Comprehensive sleep study, 99090 Computer data analysis, 99070 Materials/supplies, 99358 Prolonged services, 99080 Special reports, 99052 Services outside of business hours). Diagnosis: Sleep Disturbance, Obstructive Sleep Apnea.

6. Per 2/4/13 Sleep study report, impression [specific data is available for review]:

a) Findings c/w a prolonged latency to sleep onset at 46.5 minutes indicating difficulty falling asleep, Latency to REM onset was premature at 84.5 minutes. Sleep efficiency was normal at 89.5%, CPAP was not initiated due to minimal respiratory disturbances.

b) Patient has mild difficulty with self care, teeth and personal hygiene.

c) Height 68, weight 150.

7. Per the 6/26/12 Internal Medicine report [Previously reviewed and addressed]:

a) Subjective: The patient reports that his acid reflux symptoms have been nicely controlled with his Dexilant and Carafate. The patient denies any abdominal pain at this time. The patient denies any nausea, vomiting, melena or bright red blood per rectum. The patient reports that the transdermal topical compound creams are helping to alleviate his musculoskeletal pains and the patient is not taking any nonsteroidal anti-inflammatory drugs as instructed. The patient continues to have on and off erectile dysfunction. The patient reports that he continues to have difficulty sleeping. Sleeping anywhere from six to seven hours per night, however the sleep is fragmented. The patient reports that he awakens up to three times per night secondary to both pain and stress. The patient reports that he feels tired after a night's sleep and needs to take a nap during the day. The patient does awaken with occasional sore teeth and has been told that he crunches his teeth or grinds his teeth at night. The patient underwent an upper endoscopy at [REDACTED] on 6/25/12 and the results are available for review.

b) Objective: Vital signs: Blood pressure: 128/171, pulse: 85, weight: 145 pounds, height: 5'8". Neck: no palpable masses, lymphadenopathy or thyromegaly. There is no elevation in the jugular venous pressures. There are 2+ carotid upstrokes. There is no systolic or diastolic bruits noted. Cardiac: Regular rate and rhythm, S1 and S2. There are no rales, wheezes, rubs or gallops appreciated. No murmurs. Abdomen: soft. No rebound tenderness. No masses, hepatomegaly or splenomegaly. Back: No costovertebral angle tenderness is palpated. Genital and rectal: Denied. Extremities: No clubbing, cyanosis or edema. No calf tenderness. Homan's sign negative. Neurological: Cranial nerves II through XII are grossly intact Deep tendon reflexes are 2+ and brisk in the bilateral/lower extremities. There are no focal neurologic deficits appreciated. Motor exam is 5/5 in all extremities.

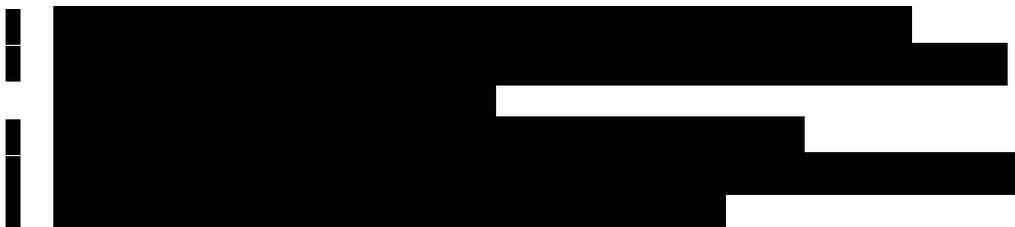
c) Diagnosis: Orthopedic diagnosis, deferred to primary treating physician. GERD secondary to nonsteroidal anti-inflammatory drug use. Erectile dysfunction, deferred to urology, Sleep disorder, secondary to pain.

d) Plan: At this time, I will cancel the G I consultation as the patient underwent an endoscopy with his private medical doctor at [REDACTED] yesterday and no ulcer or mass was visualized. The patient will continue with GERD diet and avoid all NSAIDs. The patient will continue his Dexilant at 60mg once daily for proton pump inhibitor therapy and Carafate as both of these medications are helping control his symptoms tremendously. The patient is pending a urological consultation for his erectile dysfunction. The patient will be referred for a sleep study as the patient does suffer from pain. The patient was involved in an industrial injury where he developed industrial related pain and resultant emotional stressors. As a result of industrially related pain and/or emotional stressors the patient developed sleep disturbances. Peerreviewed scientific literature has documented that with reasonable medical probability, pain and/or emotional stress can cause or contribute to sleep disturbances. Sleep hygiene has been reviewed with the patient The patient will continue his Gabadone p.r.n. sleep. The patient will continue to use transdermal topical compound creams for control of his musculoskeletal pains.

The patient will follow-up with the primary treating physician.”

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:



1) Regarding the request for retrospective request for a sleep study on 2/14/13 :

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

The Claims Administrator based its decision on Official Disability Guidelines (ODG) Current Version, Pain Chapter, Polysomnography, which is not part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Current Version, Pain Chapter, Polysomnography.

Rationale for the Decision:

The employee sustained a work-related injury on 1/19/2011, resulting in injury to the employee’s right shoulder, left wrist, and both knees which have led to sleep disturbances. The request is for **retrospective request for a sleep study on 2/14/13** .

The Official Disability Guidelines (ODG) state that polysomnography is recommended after at least 6 months of insomnia complaint (at least 4 nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been exhausted. The criteria to be met include excessive daytime somnolence, cataplexy (muscle weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headaches after other causes have been ruled out, intellectual deterioration, personality change, and insomnia complaints for at least 6 months of at least 4 nights per week. The medical records provided for review lack documentation that the employee experienced excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, or insomnia complaints for 6 months. The employee did report that GABdone was taken 3 nights per week for aid in sleep. The request for **retrospective request for a sleep study on 2/14/13 is not medically necessary and 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;

Paul Manchester, MD, MPH
Medical Director

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

/mbg

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.