

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 6/20/2006
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0007784

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and has a subspecialty in Spine Surgery 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 30-year-old male who reported an injury on 06/20/2006. The patient is currently diagnosed with a cervicotrapezial musculoligamentous sprain, bilateral upper extremity radiculitis with muscle contraction, headaches, multilevel degenerative changes, posttraumatic headaches, temporomandibular joint complaints, psychiatric complaints and sleep complaints. The patient was most recently seen by Dr. [REDACTED] on 07/15/2013. Objective findings included tenderness to palpation over the posterior paravertebral musculature, a positive Spurling's maneuver and decreased cervical range of motion.

IMR DECISION(S) AND RATIONALE(S)

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

1. Polysomnogram Study is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain, Polysomnography,

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), Chronic Pain Chapter, Online Edition, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines state that the criteria for polysomnography includes excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change and insomnia complaints for at least six (6) months in duration with unresponsiveness to

behavioral intervention and exclusion of sedative and sleep-promoting medications and psychiatric etiology. There is no documentation of previous unresponsiveness to behavioral interventions or the exclusion of sedative and sleep-promoting medications. The employee does have a diagnosis of psychiatric complaints, and there is no evidence of an exclusion of psychiatric etiology. Based on the clinical information received, the employee does not currently meet criteria for a polysomnography study. **The request for polysomnogram study is not medically necessary and appropriate.**

/jb

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.

[REDACTED]

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