

Case Number:	CM13-0056703		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2013
Decision Date:	09/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30-year-old female who reported an injury on 01/14/2013 after lifting a heavy object. The injured worker reportedly sustained an injury to her neck, upper back, and left shoulder. The injured worker's treatment history included medications, acupuncture, physical therapy, epidural steroid injections, shockwave therapy, and chiropractic care. The injured worker was evaluated on 12/11/2013. It was noted that a sleep study was ordered for the patient. However, no justification for the request was provided. No Request for Authorization form was provided to support the request. The injured worker was evaluated on 04/30/2014. It was noted that the injured worker had multiple body part pain complaints, to include the neck, upper back, and bilateral shoulders. It was noted that the injured worker did not have any sensory deficits. The injured worker's diagnoses included cervical spine disc bulging, thoracic spine disc bulging, right shoulder internal derangement, left shoulder strain, and other problems unrelated to the current evaluation. It was noted that the injured worker had undergone a sleep study on 03/04/2014. However, no information regarding this study was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT 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), Polysomnography.

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

Decision rationale: The requested urgent sleep study is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend sleep studies for injured workers who have had persistent sleep deficits for greater than 6 months nonresponsive to pharmacological interventions and behavioral modifications. The clinical documentation submitted for review does not provide any evidence that the injured worker has any sleep deficits. An adequate assessment of the injured worker's sleep hygiene was not provided within the documentation. The clinical documentation failed to provide any evidence that the injured worker had been nonresponsive to behavioral modifications or pharmacological interventions. In the absence of this information, a sleep study would not be supported in this clinical situation. As such, the requested urgent sleep study is not medically necessary or appropriate.