

Case Number:	CM13-0015806		
Date Assigned:	12/18/2013	Date of Injury:	08/15/2009
Decision Date:	02/11/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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 Psychiatry, 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. 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:

This is a fifty-six year old Registered Nurse who fell down the stairs on August 15, 2009 while her arms were loaded with items. She has had left shoulder and right knee problems since then, as well as insomnia. The records are not specific about the frequency or duration of the insomnia other than she wakes 2-3 times per night.

IMR ISSUES, DECISIONS AND RATIONALES

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

sleep evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The clinical documentation states that the patient has difficulty falling asleep and staying asleep at night. She wakes 2-3 times during the night and feels tired during the day, with reduced alertness and low energy. The California MTUS is silent on this topic, so the Official Disability Guidelines were used. The ODG states that before polysomnography is recommended, behavior intervention, sleep-promoting medications, and psychiatric etiology should be utilized and found to be ineffective. Polysomnography is indicated in the case of the

combination of the following: excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, and at least six months of insomnia that takes place at least four nights a week. The patient does experience daylight somnolence, and intellectual deterioration, but has not experienced at least six months of insomnia that takes place at least four nights a week; however, more specifics would be needed to formally rule out this sixth criterion. As such, the patient meets two or more of the ODG guidelines, and so the sleep evaluation is medically necessary.

sleep study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The clinical documentation states that the patient has difficulty falling asleep and staying asleep at night. She wakes 2-3 times during the night and feels tired during the day, with reduced alertness and low energy. The California MTUS is silent on this topic, so the Official Disability Guidelines were used. The ODG states that before polysomnography is recommended, behavior intervention, sleep-promoting medications, and psychiatric etiology should be utilized and found to be ineffective. Polysomnography is indicated in the case of the combination of the following: excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, and at least six months of insomnia that takes place at least four nights a week. The patient does experience daylight somnolence, and intellectual deterioration, but has not experienced at least six months of insomnia that takes place at least four nights a week; however, more specifics would be needed to formally rule out this sixth criterion. As such, the patient meets two or more of the ODG guidelines, and so the sleep study is medically necessary.