

Case Number:	CM13-0035673		
Date Assigned:	12/13/2013	Date of Injury:	05/05/2013
Decision Date:	02/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Pain Management has a subspecialty in Disability Evaluation 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:

The claimant is a 50 years old female with stated date of injury of 05/05/13 . She claimed that she was not performing her usual and customary occupation as a general service agent for [REDACTED] she was on this- day covering job duties for the janitor who was on vacation, she was cleaning the women's restroom, when she was suddenly stuck with a used hypodermic needle inside a trash can causing the patient to pull away forcefully causing injuries to her right upper extremity, 4th finger, neck, right side of body and causing psychological distress. The patient states that she reported the injury right away to the onsite supervisor and she was taken to the [REDACTED] via the clinic driver and her supervisor. While there she was examined, the wound was cleaned and a blood test was obtained, x-rays were not performed and no medication was prescribed. She states that she noticed a few days later that her right arm was hurting and swollen and the pain was increasing daily until she was not able to lift or pull anything, even her coffee- cup was difficult to pick up. She was seen on 08/19/13 by [REDACTED], and was prescribed pain medication; she states that she has had no reinjures.. The patient most recently (9/13/13) presented with depression, anxiety, sleeplessness, persisting pain. Current diagnoses include depressive disorder, anxiety disorder, insomnia. Treatment to date includes medication. Treatment requested is sleep study and medication consulted for maintenance and stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

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);

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

Decision rationale: The Physician Reviewer's decision rationale: CA- MTUS does not specifically address the issue. 2) ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) Unattended I portable I in home sleep studies are not recommended because there is a lack of scientific evidence supporting their effectiveness. Criteria for Polysomnography: In-lab polysomnograms I sleep studies ate recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at lea.-t four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. 3) A search of online resources revealed guidelines which state that a supervised polysomnography or sleep study performed in a sleep laboratory may be considered medically necessary as a diagnostic test in patients who present with one of the following: 1) Pronounced snoring or restlessness in association with any one of the following: (Witnessed apneic events while sleeping, Excessive daytime sleepiness, Unexplained hypertension or arrhythmia) OR 2) The patient has the symptoms or complains of one of the following conditions: (A) Narcolepsy/idiopathic CNS hypersomnia, B) Chronic or persistent insomnia .when ALL of the following are met [I. The insomnia complaint has been present for a minimum of 6 months and at least 4 sleepless nights/week; verified by a source other than patient or a sleep diary; 2. The insomnia has not responded to behavior/sleep hygiene interventions or withdrawal from sedative/hypnotic medication; 3. The insomnia has not responded to a therapeutic trial with sleep-promoting medications, or sleep promoting medication is contraindicated; and. 4. A medical or