

<b>Case Number:</b>	CM13-0035863		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Occupational Medicine, has a subspecialty in Pain Med and Manipulation 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 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 patient is a 47-year-old male pastry chef who sustained an industrial injury on August 24, 2011. The medical records indicate that the patient's injuries are cumulative trauma. The patient is status post right wrist deQuervain's release on February 15, 2013. The patient was seen on August 29, 2013 at which time he noted he is doing poorly. He states he has poor sleep, difficulty in falling asleep in the staying asleep. He feels hopeless as a result of ongoing pain, limitation to use of his hands and feeling that his training as a chef is going to be wasted. The patient relates that he has gone back to using/abusing alcohol for pain management purposes. Elbow injection the prior week has helped a little bit. He reports increase neck pain. He also reports low back pain and left sciatic pain. He is reporting medication induced gastric upset and poor digestion. Epworth sleepiness scale was conducted demonstrating 13/24 results, indicative of non-restorative sleep. He was diagnosed with mechanical neck pain syndrome associated with thoracic outlet syndrome/costoclavicular compression complicating the patient's post surgery status with respect to the forearm, wrist and hand pain, status post left elbow/lateral epicondyle cortisone injection, sleep disorder, medication induced gastritis/GERD, pain/disability induced hopelessness/depression. Recommendation was made for sleep study and sleep evaluation. Utilization review dated September 20, 2013 denied the request for sleep study. The prior peer reviewer noted that the patient does not meet the ODG's criteria for this study, especially criteria #6. The patient underwent the patient underwent a psychological evaluation on November 25, 2013 at which time he complained of sleep difficulties related to his pain and his gastrointestinal issues. He reported he suffers from insomnia and has difficulty falling asleep and staying asleep secondary to his pain which gets him up on an hourly basis throughout the night. He reported sporadic nightmares and complained of being tired all the time. Psychological diagnostic impression was as follows: axis I adjustment disorder with mixed anxiety and

depressed mood; pain disorder associated with both psychological factors and a general medical condition, axis IV physical injuries, chronic pain and functional limitations, axis V current GAF 53. Treatment recommendation consisted of group therapy.

### **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), Pain, 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, polysomnography

**Decision rationale:** According to ODG Criteria for Polysomnography: Polysomnograms / sleep studies are 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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; (7) Insomnia complaint for at least six months (at least 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. In this case the medical records indicate that the patient's sleep complaints are related to his pain and GI issues, and the request for a sleep study would not be supported and medically necessary.