

Case Number:	CM13-0051753		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2010
Decision Date:	04/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 51-year-old female with a September 1, 2010 date of injury. At the time (9/12/13) of request for authorization for polysomnogram, there is documentation of subjective (symptoms suggestive of sleep-disordered breathing) and objective (none specified) findings, current diagnoses (sleep onset and maintenance insomnia secondary to pain, anxiety, and likely obstructive sleep apnea), and treatment to date (none specified). A September 12, 2013 medical report rationale for polysomnogram identifies that the patient exhibits symptoms suggestive of sleep-disordered breathing, such as obstructive sleep apnea, and that no other modalities of diagnosis are available to exclude such a condition. In addition, a September 17, 2013 medical report identifies that the patient reports having impaired sleep with difficulty initiating and maintaining sleep, episodes of awakening suddenly to start breathing, and daytime fatigue and sleepiness. There is no documentation of muscular weakness; morning headache; intellectual deterioration; personality change; & 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLYSOMNOGRAM: 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, CRITERIA FOR 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 California MTUS Guidelines do not address this issue. The Official Disability Guidelines identifies that documentation of excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; sleep-related breathing disorder or periodic limb movement disorder is suspected; & a 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, as criteria necessary to determine the medical necessity of polysomnography. Within the medical information available for review, there is documentation of a diagnosis of sleep onset and maintenance insomnia secondary to pain, anxiety, and likely obstructive sleep apnea. In addition, given documentation of impaired sleep, episodes of awakening suddenly to start breathing, and daytime fatigue and sleepiness and a rationale identifying that the patient exhibits symptoms suggestive of sleep-disordered breathing, such as obstructive sleep apnea, there is documentation of excessive daytime somnolence and sleep-related breathing disorder is suspected. However, there is not any documentation of muscular weakness; morning headache; intellectual deterioration; personality change; & a insomnia complaint for at least six months (at least four nights of the week), or unresponsiveness to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Therefore, based on guidelines and a review of the evidence, the request for polysomnogram is not medically necessary.